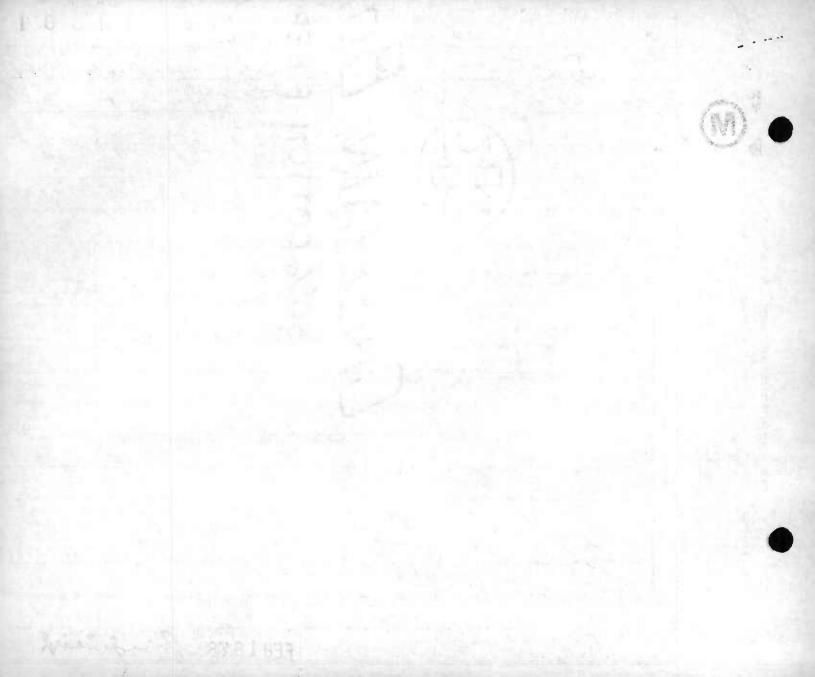
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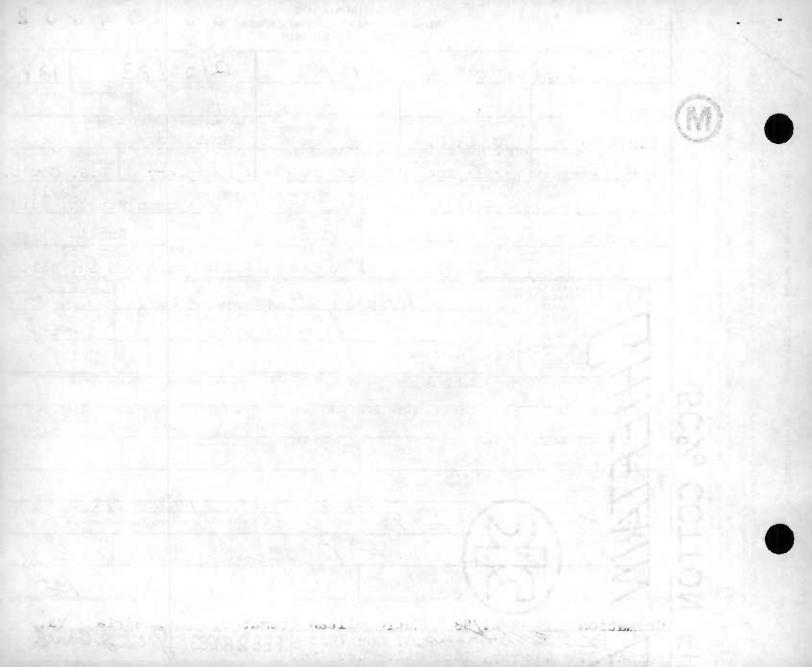


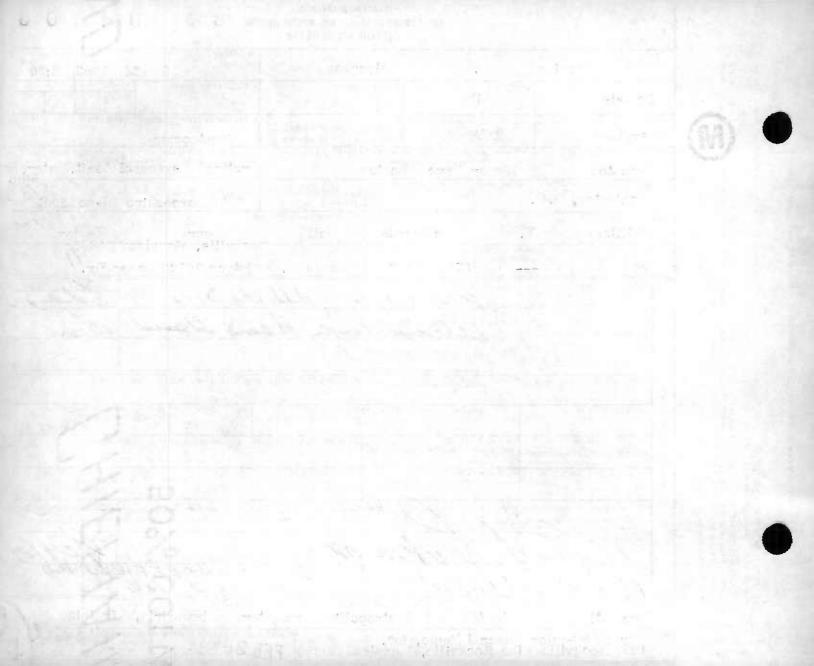
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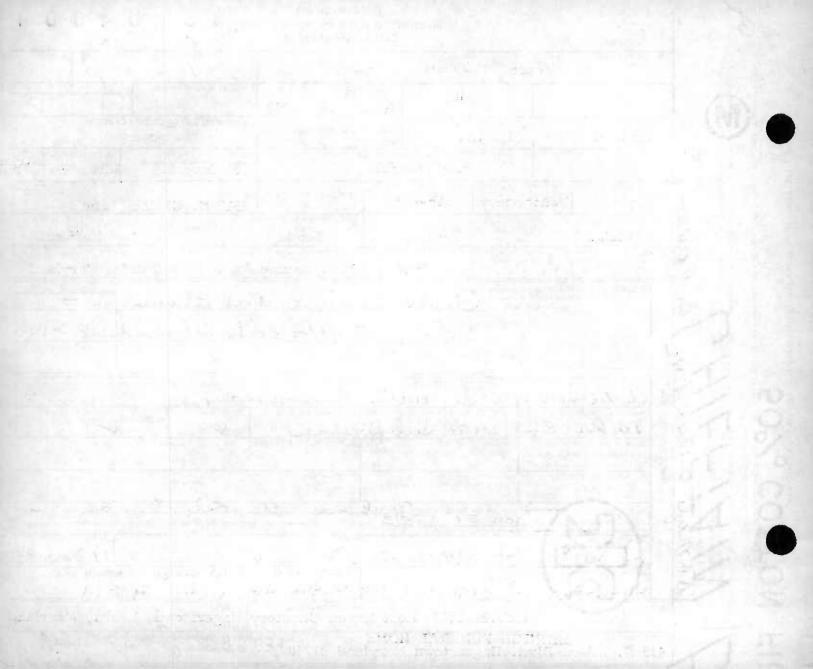


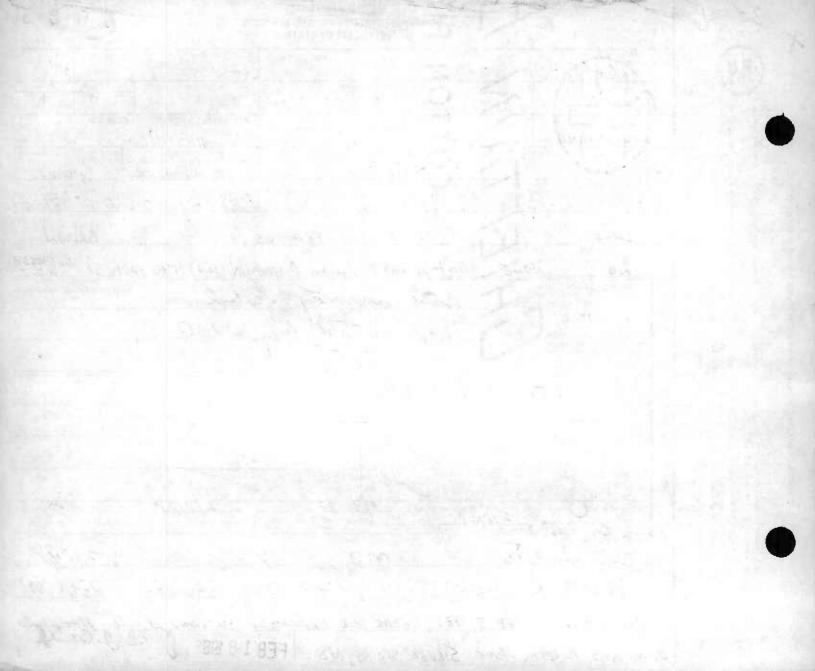
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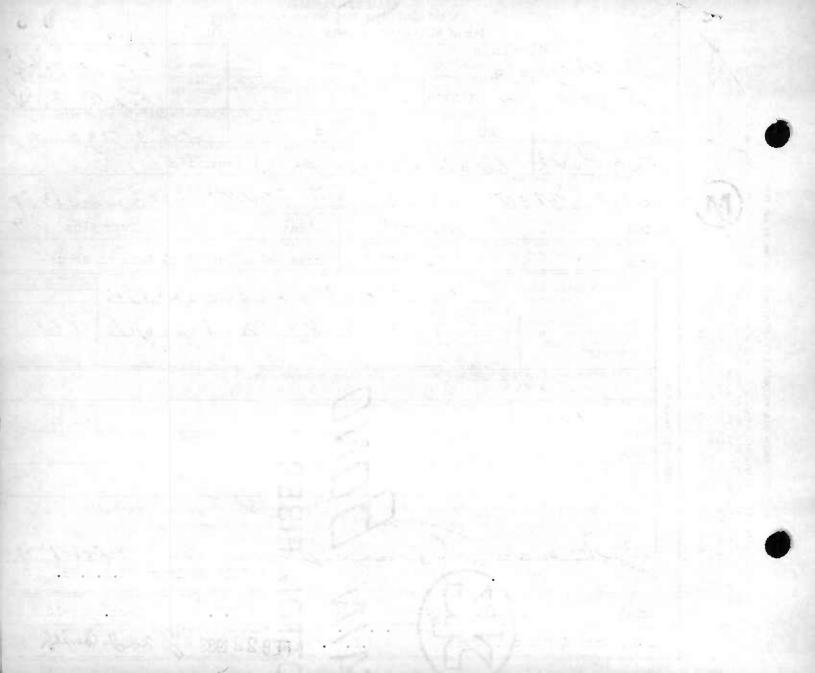
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





20M 4/B2



20904 12309 Tree Top Drive Lambert 6347 Jose A. Arias (same as # APPROXIMATE INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated CITY OR TOWN COUNTY STATE Cremation 2-12-83 Metropolitan Cre. Alexandria 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR ADD 8434 Ga. Ave Pumphrey Inc. Sil. Spr

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26. HOUR

HOURS

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

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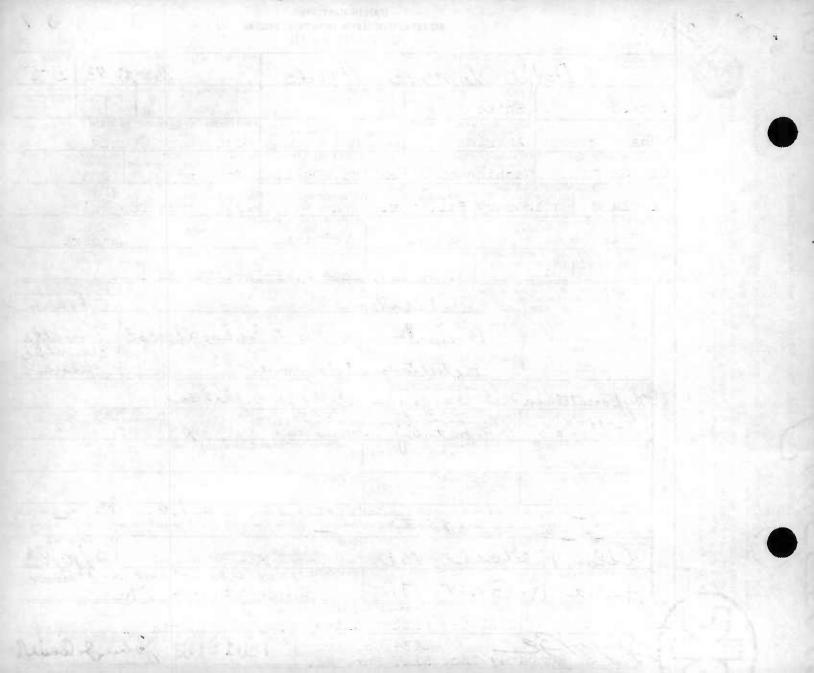
IF UNDER 1 YEAR

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

- STATE

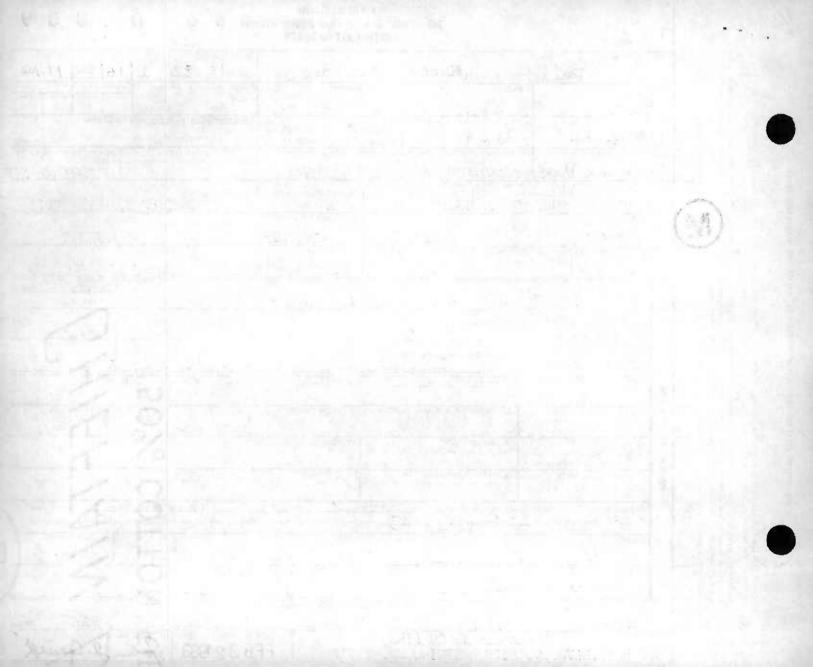
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requires that the signed by the Then please in to buriol, cre-	injury,	NOI	couse (a), statir underlying couse	ng the	(c)			NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION	N GIVEN IN PART 110:
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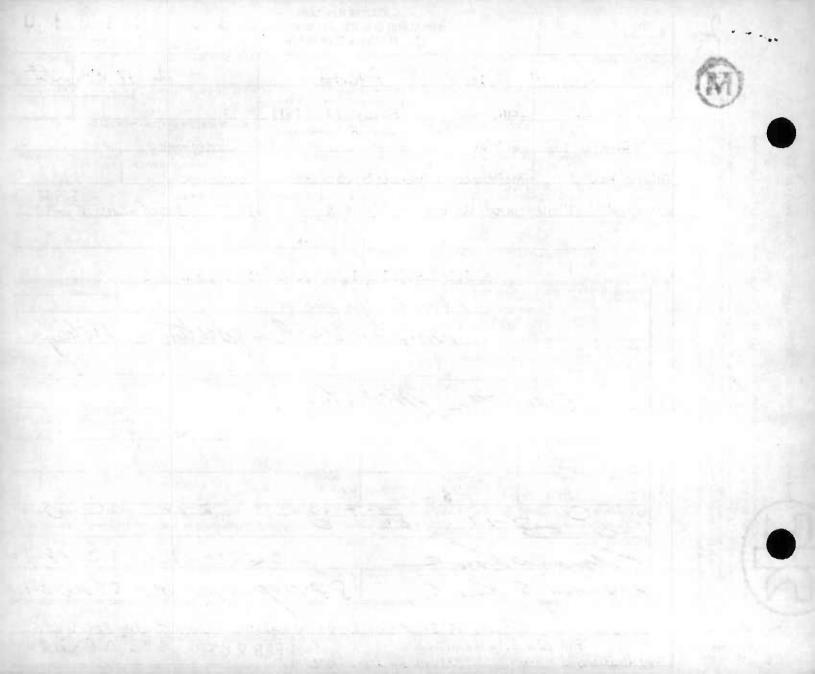
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	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		"; O O y
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Ď.	3. SE	X	TI. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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ė	7o. 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		A BALTIMORE CITY OF COUNTY	Y OF DEATH
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	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY
notified	110	skoma lark	WASHINGTON ADV	ENTIST HOSPITAL	CLERK	FURNITURE STO
d C	130.	STATE 136 CO		VN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	
	-		TGOMERY TAKOMA F		8102 CHESTER.	STREET 20012
M	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NO	MIDDLE	LAST
46	4_	RAPHAEL	ADINOL			MARTINI
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e we		NO	577-38	3-4140 FRANK A. AU	YENOSO SAME AS	
event, th		18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAUSE	only one couse per line for (a), (b), or	nd (c);)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ofic		4100	DUE TO, OR AS A CONSEQU	ENCE OF		
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other t	-	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
or of		underlying couse lost.	(c) Gomas	alog dring with	Acuto Myon - Jul	note pourse.
7	2	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING FO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION GI	VEN IN PART 110
<u></u>	I E	Distates 17	Mitos			
a son	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
shov -	E E	210. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY	121 HOW MINDY OCCUP		S NO
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ō	ME	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC ) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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.4		22a.1 certify that (1) (this has	pitol) ottended the deceased from.	VOV- 1 19 7	to The song las	19 , that (II ( <del>we)</del> lost
n 21		obove, (I) (we) (did) (did	not view the body after death.		death accurred on the date and had	
If Item	- 17	226. SIGNATURE	9 0	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
<u> </u>		House	6 bran	2 D PHYSICIAN	DIRECTOR PHYSICIAN	2-16-23
STANT:		22d. PHYSICIAN'S NAME (TYP		720. ADDRESS 7/7	Parkling Dr.	
IMPORTANT:		Hu60 6	Graziani.	5-5	md. 20	910 .
3	230.	BURIAL, CREMATION, REMOVA	AL 236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
_		BURIAL	2/19/83	GATE OF HEAVEN	SILVER SPRING	MONT MD.
W 4/82	24. F	UNERAL DIRECTOR	FRANCIS J. COLLI	CVI	TE REC'D. BY REGISTRAR 256. PEGIS	TRAR'S SIGNATURE
4)	5	00 UNIV. BLVD	WSILVER SPRING.		EB 2 2 1983   Sol	in I lawely



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	3. SE		4. RACE	5. DATE C		6.	AGE (IN YEARS LAST BIRTHE	DAY! IF U	INDER I YEAR	IF UNDER 24 HR5
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7/		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)		(	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF V		12b. KIND OI INDUSTRY	F BUSINESS OR
2 //		20ma Park AL RESIDENCE (IF NURSING HOME OR	Washington Ads	PORE ADMISSIONI	Hospital	· It	Homemaker			
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vent,		18, CAUSE OF DEATH (Enter only one couse per line for (9), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)								
2		4/00 DUE TO, OR AS A CONSEQUENCE OF								
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5		underlying couse last.	(c)			0				
,	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CONDI	TION GIVEN	IN PART 10	1
	CERTIFICATION	19a, DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORME	-D	20g AUTOPSY?	20b. IF YES, W	FRE FINDIN	IGS USED
5	IFIC,	The Date of Great House	173. 667.677.67		THO EM OWNE		YES O NOT	IN CERTIFY IN	IG CAUSES	OF DEATH?
75	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY	Y OCCURRED	(ENTER NATURE OF INJURY			140
7	-	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR						
5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION		CITY OR TOWN	y.	COUNTY	STATE
30	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)	SIREET		CITORIOW		COUNT	JIAIC
E		22a.1 certify that (1) 5this hospi	tal) attended the deceased fro	m 2-	7-831	9	10 2-18	, 19.	85	tho (I) (we) lost
7		sow the deceased alive on above. (D/(we) (did Naid no	twiew the body ofter death.	oth occurred on the date	and hour on	id from the c	couses stated			
He H		226 SIGNATURE	1	DEGREE ATTENDING			MEDICAL STAFF		22c. DATE	
7		Monun	0/luce		PHYS	SICIAN E	MEDICAL STAFF DIRECTOR PHYSICIA	N	1	18-53
¥ 1		22d. PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS	-1 3		20	C V	-0 = 1/1
2 /		Varman	3. Kerk		875	) GE	cresic of	UE :	, , /n	20716
		BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREA	/	23d. LOCATION CITY OR TOWN		OUNTY	STATE
	24 EI	Burial	Feb. 22, 1983 (	Gate of	Heaven C	emeter	REC'D. BY REGISTRAR (S	Spring	Mont	Md.
B2		UNERAL DIRECTOR Francis				FEB	2 8 1983	-au	2. Cal	welk
	150	10 University B	evd W. Silve	n Sprin	a Markela	ind	И			

DHMH - 16 50M 4/82 (VRA 15, 4)

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Teo isc. w., ... asj. ...

225 Missouri Ave. NW. Washington, D.C.

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DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE .tell moltourismod failuson tulimevi, actualization base arcie. Maryland Mont. Sakota Park u 70% Carrol ave. 20912 Carcino Polderero rwith year Yes Unic. 178-01-071 Karoolyn Gouldwan

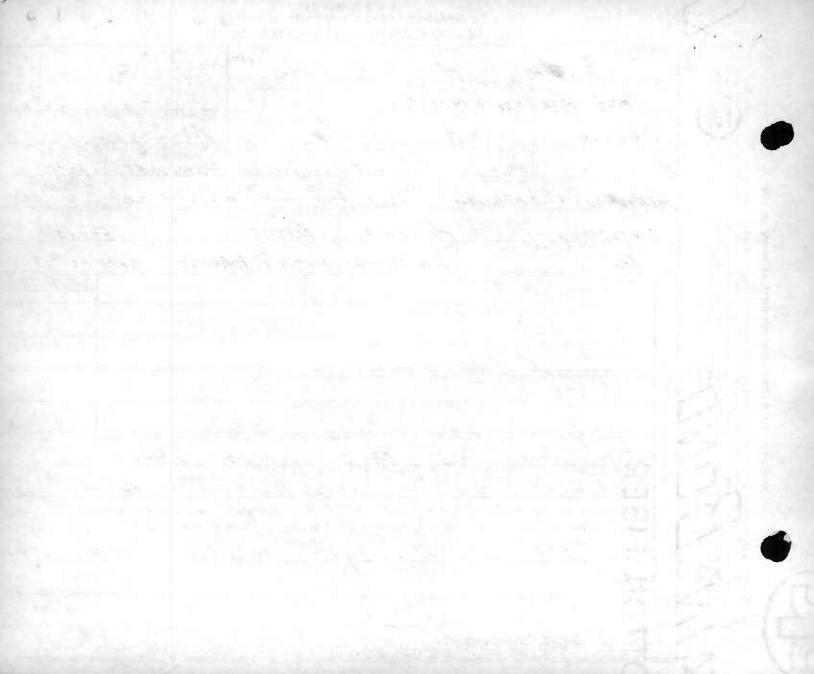
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$\sim$	9	1. DEC	EASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
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b o o		3. SEX		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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Poge I direc	0-		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEV		BALTIMORE CITY OR CO		
er deatm. ne funeral within 72	57/		Finland	U.S.A.	WIDOWED	DIVORCED [	Montgomery	,	MD.
e de	BQ 0	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	17b, KIND OF	BUSINESS OR
by the	100	Ke	nsington	Kensington Gard		a Home	Seamstress	Hosp	ital
be f	å C	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	AOMISSION)	DE CITY LIMITS?	13e STREET ADDRESS	1 110 20 10	0.000
2	20	Md	. Monte	gomery Rockvill	2 YES	NO [	4403 Bayne St	reet 208	53
24 hours	hine	14. FA	THER'S NAME	MIDDLE LAST		HER'S MAIDEN NA		LAST	
(IV#)/	0		OTTO	MARTELL	M	ARTETTE	WIDOLE	KUSELA	
~	medico		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFO	RMANT	ADDRESS		
ote be exerting ysicion and ppers. Page	ae a		NO	075-22-	0889 Mrs.	Caroline	e D. Healy sam	e as # 13	20853
ficote b physicio popers	event, the		18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), an			4		ATE INTERVAL NSET AND DEATH
phy phy phy pho pho phy	ven		PART I. DEATH WAS CAUSE	TE CAUSE (a) capaio	sulmena	in ar	rest		
	o tic		4140	DUE TO, OR AS A CONSEQUE	NCE OF				
he death of	roumatic		Conditions, if ony, which		spleropic h	eart des	euse	Gla	S
			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF .	1	1		
es that il	r other		underlying cause lost.	(c) Glues	elised a	Verios/s	Corces blooddot	smuhur 30l	cus
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ING PHYSICIAN: The law require of the result	ony	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PE	RFORMED		IF YES, WERE FINDING	
hos hos	shows	IFIC					YES NOW	CERTIFYING CAUSES (	OF DEATH?
ICIAN: The graphstoric pertificate col-tronsit and Hygie	18 sh	CER	2) a. ACCIDENT WAS UNDERLYING		21c HOV	W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT		
CIAN Physical pol-tre	Item		OR CONTRIBUTING CAUSE OF DEA		Y YEAR				
PHYSICIAN: The strength of the burnol-tronsit ond Mentol Hygie	÷ /	MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOC	ATION			
ING Pr r offer Affer th as the lth and	morked or	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) ST	REET	CITY OR TOWN	COUNTY	STATE
00 00	Ē			tal) attended the deceased from_	119	19.80	10 2/14	19.83 11	nat (I) (we lost
TTEN or for	21 is			at) view the bady after death.	23, and that in	(my) (owl) opinion	death occurred on the date or		
DIRECTOR oched for u	E a		22b. SIGNATURE	ri view megady after death.	DEGREE		7-18	22c. DATE S	IGNED
TAL CHA y the host RAL DIREC detoched tote Dept.	Ē		Threales	( Sech ) will	MO	ATTENDING PHYSICIAN	MEDICAL STAFF	Feb	15 10
HOSPITAL ined by th FUNERAL old be detail the State	Z		224. PHYSICIAN'S NAME (TYPE O		22 ADI		VEIRS MILL	Rd	17, 17
TO HOSPITAL of retained by the TO FUNERAL Should be detained with the State E	MPORTANT		FRANKE W	ESTPHAL, MI	)	Rock	11/4 MA	20851	
OF OF STATE	₹	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF CEMETERY	OR CREMATORY	23d. LOCATION		
BP	- Cr	(5	remation	Feb. 16,1989 Me			ory Alexandr	in	Virginia
				cis J. Collins	A POLICIA	250. DAT	E REC'D. BY REGISTRAR 251	EGISTRAR'S SIGNATU	
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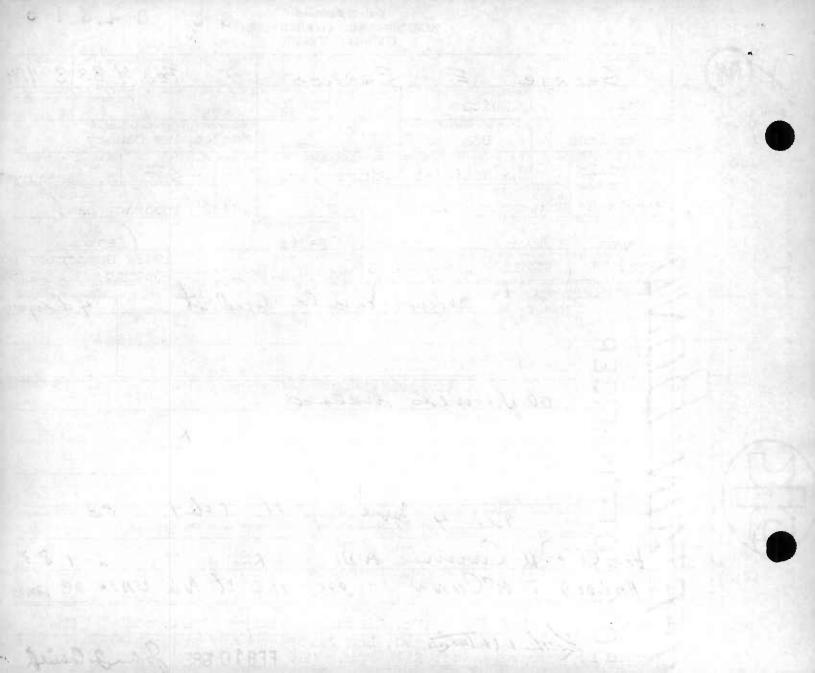
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1	11.	FOR STATE		DEPARTMENT OF	HEALTH A	AND MENTAL H	IYGIENE S	0 4 9	0 1 9
	1	REGISTRAR	MEI	DICAL EXAMIN	NER'S CE	ERTIFICATE C	F DEATH REC	G, NO. 1	
A. 4		CEASED NAME FIRST		WIDGLE	LA	ST	20. DATE KNOW	N MONTH OA	AY YEAR 26. HOUR
# a 4 2 F	1	E/71	2	ful	13-	VhP.P.	OF ESTI-	0 1 /26 1	1963 5PM
ACESEO:	1.587	4. RACE	5. DATE OF BIRTH	6. AGE (INY		ER 1 YR. JIF UNDER		MONTH OF	AY YEAR 2d HOUR
- 22	1	FEMALITE.	Jan 9 1	1910 73 YEAR	(RS.	DAYS HOURS	MIN. PRONOUNCED DEAD	Fel 5	1993 PO M
34 1941	7a. B	RTHPLACE INTATE OF	76. CITIZEN OF WH		18	val <sup>(*)</sup>	9. BALTIMORE CI	TY OR COUNTY O	
	100	Mecialia	115	A	WIDOWE	NEVER MARR		I.	
福田の	10.C	TY OR TOWN OF DEATH.	11. NAME OF HOS	PITAL, NURSING HOM		RINSTITUTION	120. USUAL OCCUPATION	(TYPE OF WORK 12b.	
See Age	de	2 mont + niculla.	(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADDRESS)	· Ih:	1. 121	FOR MOST OF WORKING LIFE	11	OR INDUSTRY
1201 ANY DEL N.ND 3 TO RETAIN P COULD BE ECORD3	USU	AL RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GR	VE RESIDENCE BEFORE AGMISS	ION)	the ste	AN MOUSEU	VIFE .	7076
21201 A AND AND RETA HOULI	13a. S	ROYLAND 136. COUN	TY traver	13c. CITY OR TOWN	4	3d. "Inside city limits? Syes 🔲 💮 NO 👺	13e. STREET ADDRESS	In- kl	20000 RI
CA C	17	ATHER'S NAME	MU WOOTH	Burton	COPPI	S MOTHER'S MAIDE		100Kb	wan,
RE, MD.	111.17	IRST	MIDDLE	I LAST	,	FIRST	MIODLE		LAST
0 00570 -	1	ORTEWALD VAS DECEASED EVER IN U.S. AR/	ALEO CODOCCO	16b. SOCIAL SECURI	TVNO	/36551		RESS	TES
■ □ □ ○ ○ ○ ○ /	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR GATES)						1- 410
S AFT GIVE ITH P PAGE IVISIO				214-01-	2021	METIE K	BARNES	SAME !	
; 2°8,≥ F.O	1	<ol> <li>CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI</li> </ol>	ly ane cause per line D BY:	far (a), (b), and (c).)		J		8	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
PRESTON ST., ITHIN 24 HOUS CIL IN ITEM 18, AER ALONG W AER ALONG W ANT PERMIT. AL HYGIPENE, REMOVAL.	13	470 a c	TE CAUSE (a)	UVO	W/7	29			
IN I IN		0 0 0	DUE TO, OR	AS A CONSEQUENCE	OF				
201 W. PRE UTED WITHI IN PENCIL EXAMINER IAL - TRANS O MENTAL H	10	Canditians, if any, which gave rise to immediate	(b)						
W PENCE		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF				
201 UTEC IN PERAL ID ME		7.53 00000	(c)						
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOR STITING THE WORD "FENDING" IN PENCIL IN ITEM IS RDED TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT FEDERATIMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	BUT NOT RELATED TO THE TER	MINAL DISEASE C	R CONDITION GIVEN IN PA	RT 1 (a).		
HAULD BE EXE SHOULD BE EXE SHE WEDING SHIEF MEDICAL OF HEALTH ALL OF HEALTH ALL CREMAN	CERTIFICATION	100 m	2						
DIVISION OF VITAL REG HIS CERTIFICATE SHOULD I WRITING THE WORD "PEN VARDED TO THE CHIEF M AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA	3	190. DATE OF OPERATION	196. CONDIT	TON FOR WHICH OPE	RATION WA	S PERFORMED?		20	D AUTOPSY?
F VITA WORD WORD HE CHIII	E	None							YES NO DO
O B O B O B O B O B O B O B O B O B O B	T E	210. EXTERNAL CAUSE WAS	216. TIME OF	INJURY . MONTH DAY YEA	21c. HOV	W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
CERTIFICATION OF THE SECOND TO THE SECOND TO THE DEPARTMENT OF THE SECOND SECON	3	UNDERLYING OR CONTRIBUTING CAUSE OF	-	20 18	-	un sed	120 412, +	civ.	
/ISIO ING ING 3 SHO PRIO	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY (AT HOME,	21f. LOC/	ATION			
DIV E, WRIT E, WRIT E, WRIT E, PAGE STATE P, 21201	2	AT WORK AT WORK	SIREEI, FACI	ORT, FARM, EIC.)	126	1.29 RV	Vtonivolle	MEN	+ mil
L. M. S. F. R				-36 -4 -6 - 1 (1)	Autapsy		57 D		
EXAMINER: CERTIFICATE ULID BE FOR I DIRECTOR: 1, WITH THE MARYLAND,		220. I certify that I taak charg			vicide .		, ,	and in my apiniar	a
AAM RTIF REC REC RYL		death resulted fram: Natur	ral causes 🔲 ,	Accident, S	vicide 🔄,	Hamicide	Undetermined manner		
<b>₩</b> ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		ACTUAL	0 01			TITLE (SPECIFY)		DATE A	-11-1982
RE PATE A		SIGNATURE	20	(393	M.D	webs	MEDICAL EXAMINER	SIGNED	-67 , 100
MEDIC CCUTE: 3E 4 S FUNE FUNE	1	EXAMINER'S NAME (TYPE OR PRINT)							
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE PAGE 4 SHOULD BE PAGE 4 SHOULD BE PAGE A SHOULD BE PAGE TO FUNECT WITH THE PAGE TH	22 0		IN DATE	La Maria es es		DDRESS	IN TOCATION		
- m - d - d	230. B	URIAL, CREMATION, REMOVAL 1	2/8/83	23c. NAME OF CE Union	Ceme	tery	Burtonsvil	lle,Mont	gomery, Mo
BP	74 E							BEGISTRAR'S SIGN	
DHMH - 17	F	MECK FUNERAL 01 Sandy Spr	HOME ADOREST	NC.		FFF	7 1093	-le 9.1	Capiela
(VR A15 ME (5))	1/6	01 Sandy Spr	ing Rd.	Laurel,	Md. 2	0707 161	1 1300	0	- Throng



Warner E.



- STATE

REGISTRAR

DECEASED NAME

MONTGOMERY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETIRED U.S. ARMY 13e STREET ADDRESS 2411 Glenallan Avenue JOSEPH C. BAUER, STAR ROUTE, BOX 266. WILSON ROAD, HUNTINGTOWN, MD 20639 ROXIMATE INTERVAL IMMEDIATE CAUSE ATHEROSCLEROTIC CORONARY ARTERY DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES to NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY FEBRUARY 15 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COMMAND, should b MPORT NATIONAL CAPITAL REGION, BETHESDA, MD 20814 SOLLOCK, LCDR, MC, USN 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY P.G. Feb. 17, 83 Cedar Hill Cemetery Buria1 Suitland 24 FUNERAL DIRECTOR NAME Hines/Rinaldi 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 11800 N.H. Ave DHMH - 16 50M 1/81 (VRA 15, 4) Silver Spring, MD. Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

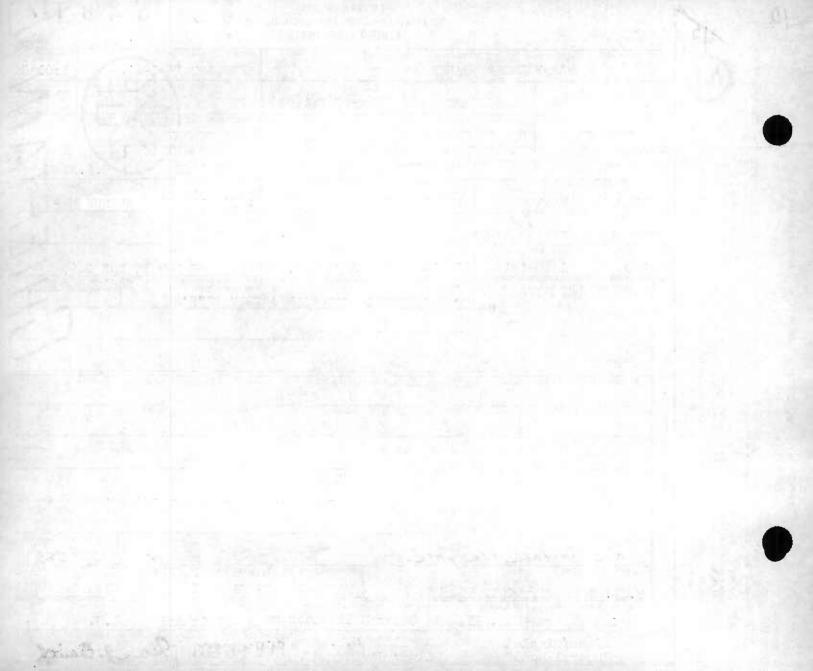
CERTIFICATE OF DEATH

REG. NO

2b HOUR

1:03

28 DATE OF DEATH MONTH





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214-10-556h dain J. Smiles. 66-12th St., J. . Junh.

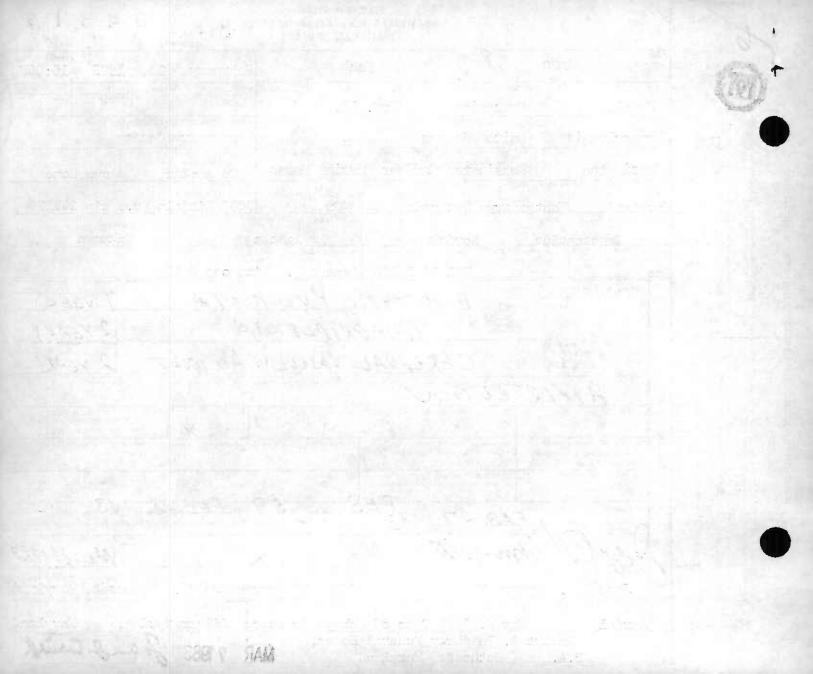
think 2/16/1 3 st. Mincoln Complete when two cold to the cold.

edo and card arts sons mo. Assistant D.C. . No. 1 (Contraction, D.C.

Bethesda, Maryland

P.A.

(VRA 15, 4)



FOR STATE REGISTRAR

5130 Wisc. Ave., N.W. Wash., D.C.

D C D A D T	STATE OF MARTLAND	0	1	n	4	12	9	1
DEPAKI	MENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	ENE 🔾	V	1.3	E COMMO	0	-	-
CERTIFICATE OF DEATH			REG. NO.			,		
	LAST BACKATT	20 DATE OF	DEATH	MONTH	DAY	EAR	2h HOL	R s

REGISTRAR					REG. N	10.		
	Charles Charles	WILLIAM.	BECKE	TT.	20 DATE OF DEATH	MONTH D	AY EAR	26 HOUR 5
SEX Male	4 RACE White		E OF BIRTH	1907	6. AGE (IN YEARS LAST B	YRS.	FUNDER 1 YEAR	IF UNDER 24 HR
BIRTHPLACE (STATE OR FOR COUNTRY) TEXAS	U.S.A	WHAT COUNTRY? 8.  MARI WIDO	RIED NEVER M	ARRIED ORCED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	^
BETHES DA	. (IF NOT IN SUC	HOSPITAL, NURSING HOM HFACILITY, GIVE STREET ADDRESS) ABORBAN	Hospita		12a USUAL OCCUPA (TYPE OF WORK FOR MOST Physical C	OF WORKING LIFE		Bureau dards
Md. 20817	Montgomery	13c. CITY OR TOWN  Bethesda	13d. INSIDE CT	NO 🗌	13e. STREET ADDRESS 5624 Madi	son St	reet	
Governor	MIDDLE K	Beckett	Jose	MAIDEN NAM PRST Phine	WIDDLE		Bentil:	iff
(YES NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO <b>567-36-2712</b>			ADDR er. 6221 W	Fredehite O	erick. ak Dr.	Md.
Conditions, if any, w gove rise to immed couse (o), stoting underlying couse PART 2 OTHER SIGNIF	which diate the lost. (b) DUE TO, OI	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF DYTRIBUTING TO DEATH B		TQ THE TERMI	NAJ DISEASE OR COM	JOITION GIVE	N IN PART 1	0
19a. DATE OF OPERATIO	eran ary	HOURT disignation FOR WHICH OPERAT	SE O R	MED	200 AUTOPSY? YES □ NO ■	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
218. ACCIDENT WAS UNDER!  OR CONTRIBUTING CAU  (IF EITHER NOTIFY MEDICAL  21d. INJURY OCCURRED  WHILE  AT WORK NOT WHILE  AT WORK AT WORK	EXAMINER) HOUR A.I.  21e PLACE ( LATHOME STR	M. MONTH DAY YEA M. 19	AR .		ED (ENTER NATURE OF INJU CITY OR TO		COUNTY	STATE
sow the deceased	is bespred attended the solive on a land poil view the body ded not le Runniel	= eb 2 10 83	DEGREE	TENDING	to Following to	.FF	D 2	
BURIAL, CREMATION, RE	EPH KE	VR1 42	22e. ADDRESS	o Wes	consin au	e Bett	isda;	med 201
Burial FUNERAL DIRECTOR JOI	2/5/19	83 Nation	nal Memor		rk Cem. F	alls Ch	county	Virgin

PEB S

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Covernor i. Bedrev Johnson (1974)

Sovernor i. Bedrev Johnson (1974)

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into	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	1 4 8 2 1
3 7		CEASED NAME FIRST Ida	MIDDLE	Bell	2a. DATE OF DEATH MONTH	-18-83 26. HOUR 4:11 PM
D od in a contract of the cont	3. SE	x female	4. RACE CAUCASTAN	5. DATE OF BIRTH  MONTH  DAY  YEAR  JUNE 4.1903	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS	MONTHS DAYS HOURS MIN.
9 (M)+		IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTR	Y? B. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN  Montgomery C	ITY OF DEATH
office d w		<u>WASHINGTON D.C</u> ITY OR TOWN OF DEATH 1ver Spring, Md	I S A  II NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRI	I WIDOWED TO DIVORCED DISING HOME OR OTHER INSTITUTION SET ADDRESS) Sp., Silver Spring	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
And 2120	130.	AL RESIDENCE (IF NURSING HOME OR STATE 130 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF NTY 13t. CITY OR TO	ORE ADMISSION)	13e. STREET ADDRESS	20903 MT. PISGAH ROAD
mpletely ond 2 sh		ATHER'S NAME	MIDDLE LAST  DAUTD TOMPH	15. MOTHER'S MAIDEN NO		HINKI FRINF
Poges 1		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 16b SOCIAL SE		A	0425 HUNTLEY AVEN
FTON ST. BAN Certificate tending physici e carbonopope on, or removal. Jumotic event, th		18 CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSE  4149  Conditions, if ony, which	Ity one couse per line for (o), (6) D BY: IE CAUSE (o) DUE TO, OR AS A COMPE	indian Ur	rest ou sissesse	May
that the desirement of cremotive or other troops		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF	1	
requires en signe Then pl or to buri	NO NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	O DEATH BUT NO SELVITED TO THE TER	MINAL DISEASE OR CONDITION C	
AL RECO	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NOTE IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{ NO } \)
SICIAN:  By Physical		?1a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
VG PHYSION of the this os the but hond M borked or orked or	MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTENDIII spirol or CTOR: A I for use of Health		sow the ecea alive on obove (1) (we'd did no	tal) attended the deceased from		n deoth accurred on the date and h	our and from the courses styled
TAL OR y the how the how the DIRE detoched tote Dept		22b. SIGNATURE	Sterma		MEDICAL STAFF DIRECTOR   PHYSICIAN	2/18/83
O HOSPITA etoined by TO FUNERA should be de with the Stell		ALAN I.	KERMAI	ERMS 9801 Les		S. MD 20902
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL	2/21/83	NAME OF CEMETERY OR CREMATORY T. LINCOLN	BRENTWOOD	PRI GEO MD.
DHMH - 16 50M 4/B2 (VRA 15, 4)		ON UNITY BLVD . W	AUTURESS	3. MD. 20901	B 2 8 1983	ISTRAR'S SIGNATURE

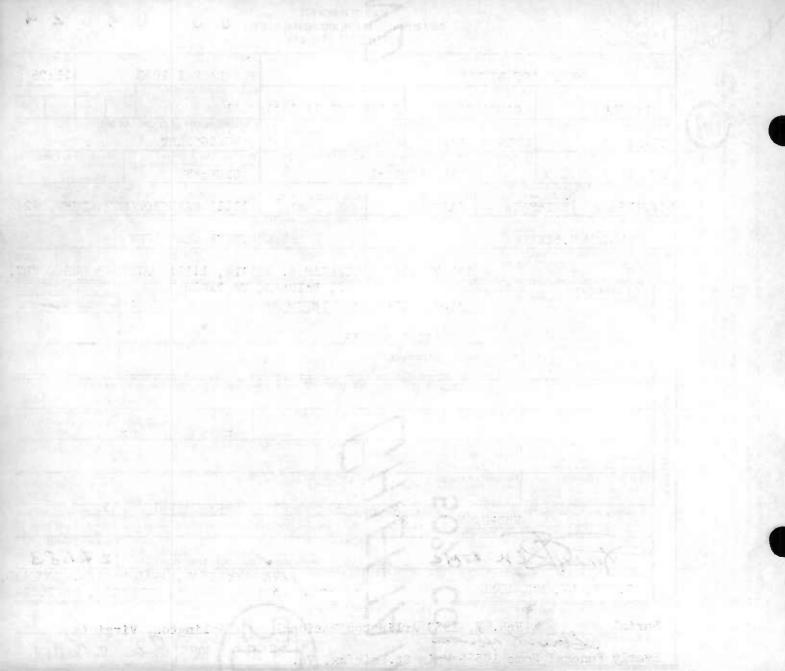
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FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	SIENE 8 3	0 4 8	22
- STATE REGISTRAR		CERTIFICATE OF DEATH	* REG. NO		1,5
1. DECEASED NAME FIRST  (TYPE OR PRINT) Leonard	d P.	Benner	February	12 1983	25 HOUR 2:A.M.
3. SEX Male	4. RACE White	october 11 190	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR	IF UNDER 24 HRS
TABIRTHPLACE (STATE OR FOREIGN	76, CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OF	YRS. COUNTY OF DEATH	
Pennsylvania	U.S.A.	MARRIED NEVER MARRIED DIVORCED	Montgom		MD.
10. CITY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL, NURSIN IN NOT IN SUCH FACILITY, GIVE STREET / 10015 Dalls	ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Sales Man	WORKING LIFE INDUSTRY	& Chair
USUAL RESIDENCE IF NURSING HOME OF THE NURSING	PROTHER INSTITUTION GIVE RESIDENCE BEFORE JINTY 13c. CITY OR TOWN	ADMISSION) N 13d. INSIDE CITY LIMITS? YES X NO 1	13e STREET ADDRESS	las Avenue	0901
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		Tub IIVonao	
Willis Gr	rant Benner	Emma	Louise		er
160 WAS DECEASED EVER IN U.S. AI (YES. NO OR UNKNOWN) (IF YES. G)	RMED FORCES?  IVE WAR OR DATES)  320-03-	2025 Doris C.B	enner 1001	5 20901 5-Dallas A	ve.S.S.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION		NCE OF <u>EATH</u> BUT NOT RELATED TO THE TERM			
NO IN THE PROPERTY OF THE PRO	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSŸ?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	OF DEATH?
	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART 2)	
THE TIMER NOTIFY MEDICAL EXAMINE	218. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
WHILE NOT WHILE AT WORK					
220. I certify that (1) (this happy of the company	of) view the body ofter death.	DEGREE ATTENDING PHYSICIAN	deoth occurred on the dot  MEDICAL STAFF DIRECTOR   PHYSICI,	te and hour and from the co	
ATWORK ATWORK ATWORK  220. I certify that (I) (this has sow the descased glive or obeye, (I) (w/) (did) (did not obeye, (I) (w/) (did) (did not obeye, (I) (w/) (did) (did not obeye).  220. SGNATURE  2224 PHYSICIAN'S NAME (TYPE)	ot) view the body ofter death.  Macy M  OR PRINT)  SCHNAPP MD	DEGREE ATTENDING PHYSICIAN 220. ADDRESS  11/6/ New HM	deoth occurred on the dot  STAFF DIRECTOR   PHYSICI.	te and hour and from the co	ouses stated
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Page 1	160.	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC 578 09 (		Joan M. Coll		dette Road	
the requires that me is been signed by the emit. Then please rem sprior to be say, cremp is aby militry, or other the	SCATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19g DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	DEATH BUT		PHEUMON NAL DISEASE OR CONDI		DINGS USED
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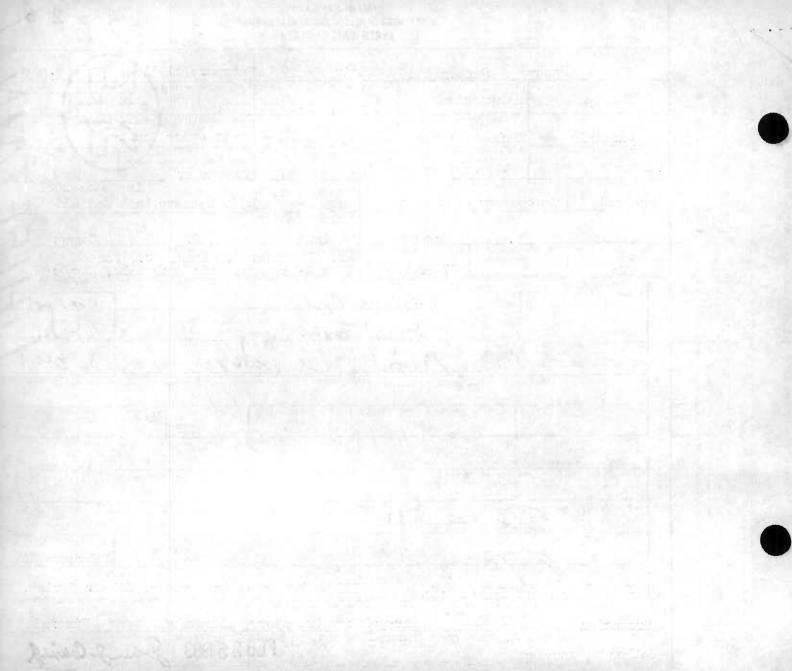
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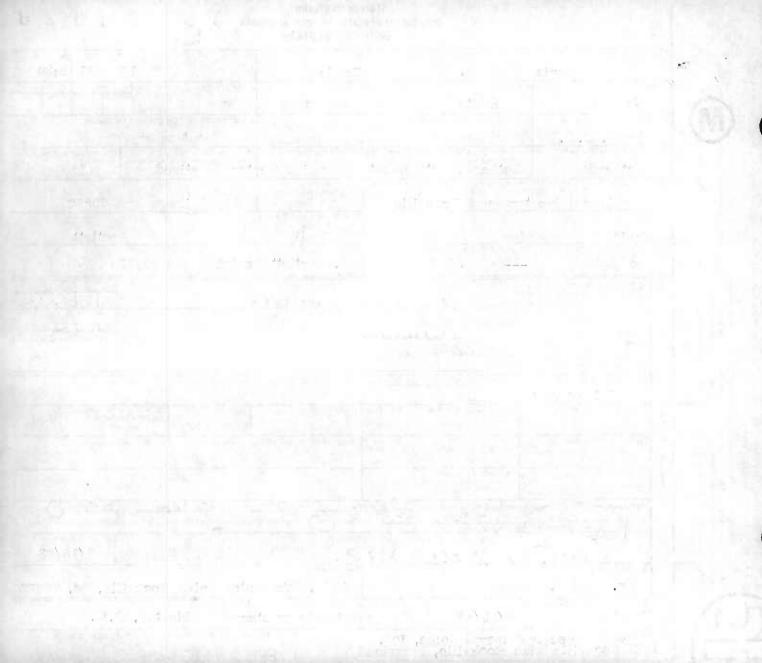
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6	11.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE O O	) and () has id
	Ι.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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nay be page 3	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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# 0 5 8- 81				CURITY NO. 17. INFORMANT	ADDRESS	
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		- STATE REGISTRAR			CERTIFICATE OF DEAT		NO	
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1	1 "	Nar	nev Su	therland	Blair	February 2	1. 1983	2:00
	3. S	EX	4. RACE		. DATE OF BIRTH	6. AGE (IN YEARS LAST 8		
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medico			ES, GIVE WAR OR DATES)		Mr. Alexa	ander B. Blair	Jr., Son	
		No		577-26-73	<u>J2   2000 Bal</u>	timore Road, Re	ockville, Ma	aryland
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of H		silw the deceased aliv	e on	FOD 19 V	and that if (my) (aur) o	ipinian deoth occurred an the c	late and haur and from t	he couses stat
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IMPORTANT: IF	-	224 PHYSIETAN'S NAME	on current	7	PHYSIC 22e ADDRESS	IAN X DIRECTOR PHYSI		ruary 2
J. R.				37 D	Annual State of the Control of the C		20904	
IMPC	-	Michael E. I				Hampshire Ave	nue, Silver	Spring
	230	BURIAL, CREMATION, REMO			AE OF CEMETERY OR CREMA	TORY 23d LOCATION	COUNTY	CTA
-		Cremation	23, 1	983 Metro	opolitan Crema			Virgini
/81	24 F	UNERAL DIRECTOR Robe	ert A. Pur	nphrey Fune	ral Homes, P	SO DATE REC'D. BY REGISTRAF		-
	I	Bethesda Mary	7land	PDDKE22		FEB 2 5 1983	John de	Calvel



Peb. 17, 1397 | 901 .cass.D TETOLICS SILOH ol. Vor: Villier-Phono Trees ove fleague fod X guniered lab .Jack Inshell willer accell mattiff 172-01-25075 Harmaret 3, Hand Olearwater, Norths VICUARRYD STEEL SEEL-SING To the termination of the col 316 E. Digmond Ave. Getthersburg. Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME Allen 20 DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) MINNIE Victoria/BOUKNIGHT FEBRUARY 8.1983 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR May 29 1886 FEMALE. BLACK 70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED South Carolina U.S.A. Montgomery WIDOWED DIVORCED TO 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR YPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKEY Domestic Silver Spring Holy Cross Hospital 136 COUNTY Silver Spring 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Montgomerv 6 Appleby Ct. YES K 4 FATHER'S NAME Allen Long Emma James Appleby Court, Silver Spring, 66. SOCIAL SECURITY NO 17. INFORMANT 6 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 578-68-6873 Emma L. Roseboro (daughter) Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY 5 wires Tachet core bin MMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220. I certify that (1) (this haspital) attended the deceased from sow the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (eta) not) view the body after death 22c. DATE SIGNED 77h SIGNATURE DEGREE ATTENDING FUNERAL uld be deta PHYSICIAN TORECTOR PHYSICIAN I MPORTANT 77e ADDRESS & PEATONS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION CITY OR TOWN Harmony Memorial Landover, P.G.Co., Maryland 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 3831 Georgia Ave. NW; Wash Thgton, DC (VRA 15, 4)

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(VRA 15, 4)

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	, be	TO FUNERAL DIRECTOR. After this certificate has been signed by the othendring physician and completely filled in by the transal birector, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 2 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner agust be notified a order.	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the track bishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within a hours oftwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 21 is marked or Item 18 shaws any injury, or other traumotic event, the medical examiner must be notified a domestical context.	
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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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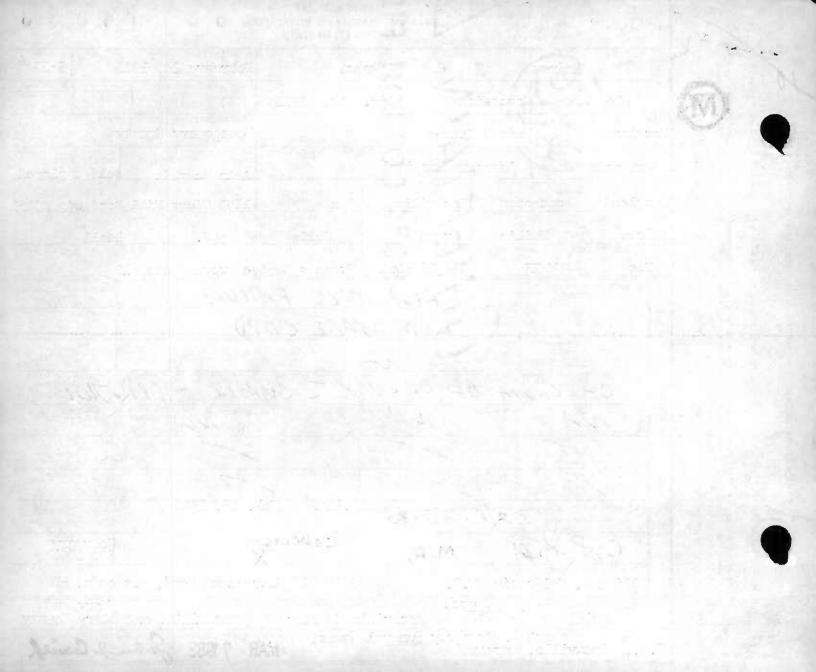
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. DECEASED NAME	FIRST	M	IDDLE	L.	AST	20. DATE OF DEATH		AR 2b. HOUR
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MASSACHUSE	TTS	UNITED	STATES			MONTGOMER	Y	M
O. CITY OR TOWN OF	DEATH 1		OSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OCCUPATI		ND OF BUSINESS OR
BETHESDA			L HOSPI			RETIRED		S.M.C.
JSUAL RESIDENCE (IF N	URSING HOME OR O	THER INSTITUTION,	INE RESIDENCE BEFO	RE ADMISSION)	124 NICIDE CITY HANTES	13e. STREET ADDRESS	234	
IRGINIA	FAIRF		SPRING		136. INSIDE CITY LIMITS?	7806 BRAEM	AR WAY	99999
4. FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME		77337
FIRST FELTY	ERNEST	RRTCROT	C CD	19 - 9	OPAT TIT	CRETIA KNIG	цт	LAST
60 WAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	166. SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDRE		
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THE DATE OF OFERATION		170. CONDI	nor rok wille	, OTERATIO	T TASTERI ORMED		USES OF DEATH?	
21a. ACCIDENT WAS	HINDERLYING M	21b. TIME OF	ANI II IDY	170.7	21c. HOW INJURY OCCUR	YES NO X	YES [	NO [
00.000.000.000.000.00		110110 4 4	A. MONTH	DAY YEAR	I MI TION IN TOOK TO COOK	KED (ENIER NATURE OF 11930	IT IN TIEM TO PART I OR PAR	(1.2)
(IF EITHER, NOTIFY A		P.N		19	211 LOCATION			
(IF EITHER, NOTIFY A  21d. INJURY OCC	T WHILE	21e. PLACE C (AT HOME, STRE	ET, FACTORY, OFFICE	FARM, ETC )	STREET	CITY OR TO	wn conn.	TY STATE
AT WORK AT	WORK			PIE PROIDIN	N 15 92	EREDITAD	<del>v 17 - 02</del>	
22s.1 certify that	(I) (this hospito	EBRIIARY	deceased fram			FEBRUAR		, that (I) (we) las
above, (I) (we	eased alive on $F$	view the body o	after death.	, on	d that in (my) (our) opinion	deoth occurred on the di		
IN SIGNATURE	-00	)			DEGREE ATTENDING _	MEDICAL STA	EE //	Teb83
22d. PHYSICIAN'S	NAME VOE HE		True			DIRECTOR PHYSIC	-IKIN	
	J. SEN		C HOND		220 ADDRES NAVAL			
					NATIONAL CAP		, BETHESDA	, MD 2081
30. BURIAL, CREMATIC (SPECIFY)	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	236 LOCATION	r1.,Va.county	STATE
BURIAL		2-	21-83	Arl. Na	at. Cem .	A	11.,,	0 . 1

DHMH - 16 50M 4/82 (VRA 15, 4)

14 FUNERAL DIRECE Verly-Wheatley Funeral Home Alex., Va.

25 PATE RECP. BY REGISTRAR 250 BEGISTRAR 3 SICHALINE

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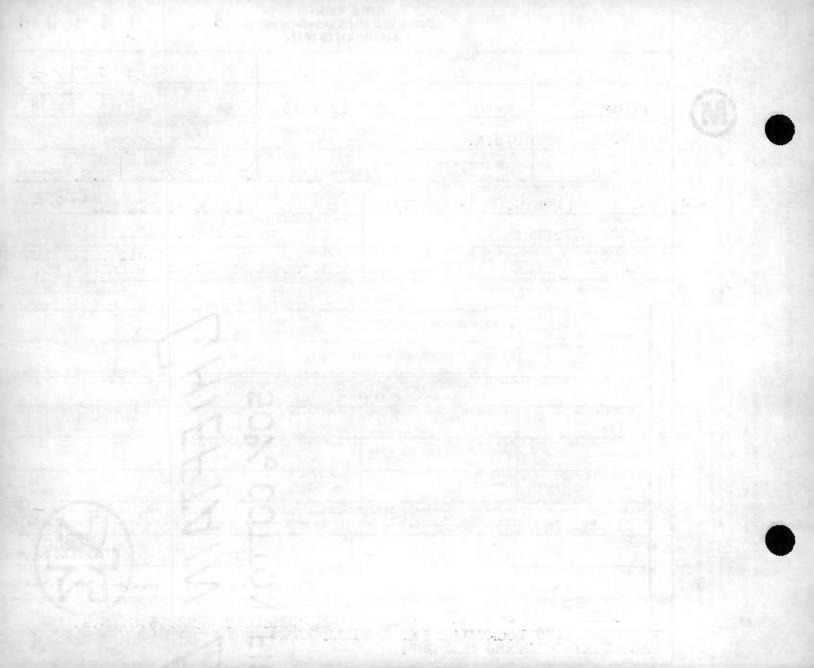


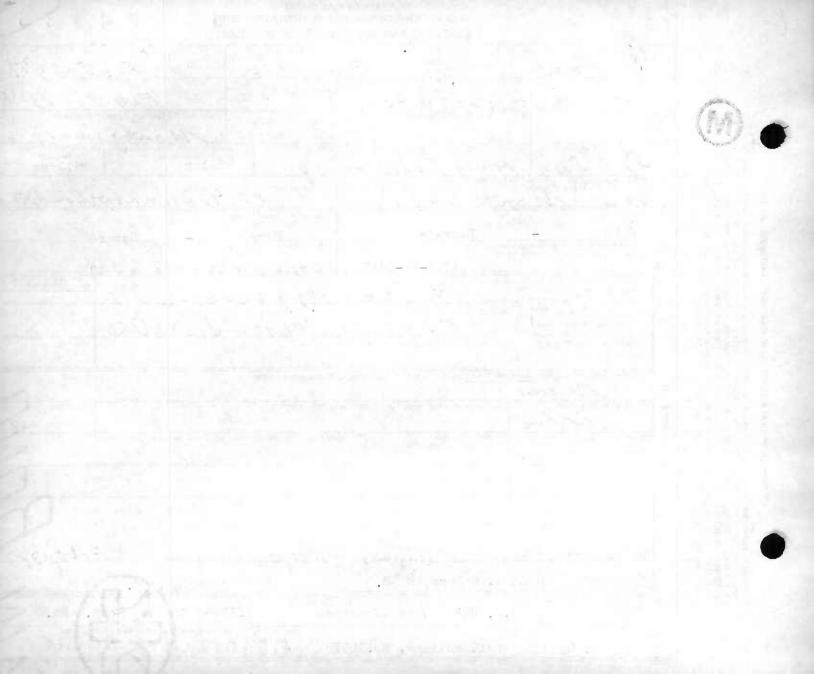
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DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH		3		0	4	8	3	4
CERTIFICATE OF DEATH	REG. NO.							
LAST	20. DATE OF	DEATH	MONTH	DAY	YE	AR	2b. HOUR	

1.	FOR - STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG CATE OF DEATH	REG. N	0	य व	3 3
1. DE	CEASED NAME	FIRST		MIDDLE	LA	.ST	20. DATE OF DEATH	MONTH DA	AY YEAR 2b	, HOUR
	E OR PRINT)	inian		11	B	rown		2/2	3/63	102
3. SE	x / / /	rian	RACE	1+0	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER 1 YEAR IF	UNDER 24 HRS
	FEMALE  70. BIRTHALE (STATE OR FOREIGN TO. CITIZEN OF WHAT CONTRY)  NEW YORK U.S.A.			FEE	DAY YEAR	64				
				MARRIED WIDOWE	NEVER MARRIED	monta	OF DEATH	EATH ,		
OB	ity or town of DEA Bethesda	TH 11.	NAME OF I SUBUR	HOSPITAL, NURSIN	ADDRESS)	ROTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OCLERK / TY)	F WORKING LIFE)	126. KIND OF B	
5 13a. S	AL RESIDENCE (IF NURS STATE 1D.	136 COUNTY MONT		ROCKVI	VN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 6121 MONT	TROSE	RD. 20	852
14. F/	JACOB LI	PSCHÜ	Τ̈́Z	LAST	i eu	UNKNOWN			LAST	
16a. \	WAS DECEASED EVER	IN U.S. ARME		578-09		MRS. SEYM	OUR GREEN	\$12413 E WHI	3 LITTI EATON,	LETON MD.
	18 CAUSE OF DEATH W	H (Enter only o	one couse per	line for (a), (b), or	nd (c).)	myocardial by			APPROXIMA BETWEEN ONS	TE INTERVAL
TION	DUE TO, OR AS A CONSEQUENCE OF COUSE IDST.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11000 DIAGNETS.									
CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FO			ITION FOR WHICH	- OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING: ING CAUSES OF	S USED F DEATH? NO
- T	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT	CAUSE OF DEATH		DE INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
MEDICAL	21d INJURY OCCURE WHILE NOT WHAT WORK AT WORK	RED	21e. PLACE			211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that (1) saw the decease obove, (1) (west) 22b. SIGNATURE	(this hospital) ed alive on tid) (did not) v	FEBRUA iew the body ry Die	ny 19 19	\$3_,on	d that in (my) (607) apinian DEGREE -D - ATTENDING PHYSICIAN	death accurred on the d	ate and hour	ond from the cou	uses stated GNED
	22d. PHYSICIAN'S NA	BARRY				270 ADDRESS 3929 FEA	rura brive	WHEAT	סחי, מס	20501
24. F	BURIAL, CREMATION, (SPECIFY BURIAL) UNERAL DIRECTOR DANZANSKY	1170	23b. DATE 2-22 ROCKV	-83 A	DAS 1	SRAEL CEME'		D.C	S.E.	STAT



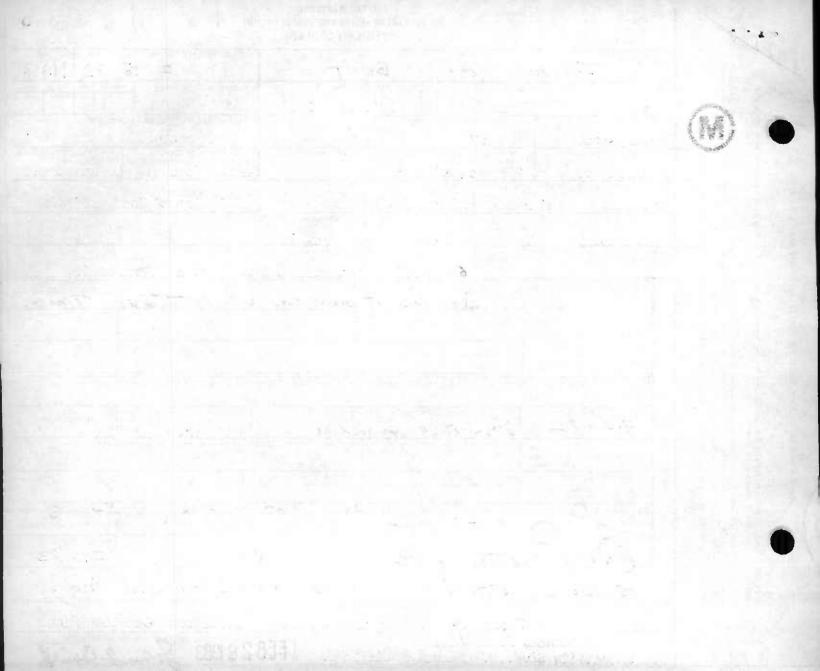


FOR

BP.

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR DECEASED NAME 8 IF UNDER 24 HRS IF UNDER 1 YEAR DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY School Teacher Howard County 9917 Rogart Road 20901 LAST Jones Same as APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Feb. 21, 1983 Forest Lawn Cemetery Johnstown Cambria Burial 250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE FEB 2 8 1983 Francis J. Collins DHMH - 16 25M 500 University Blvd. W. Silver Spring. (VR A 15 (4) ) 9/74

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

The supplication of the state of the supplication of the supplicat Mark Mark The Tree of E-2-74 - CO FB241863 / Call.

5130 Wisconsin Ave., NW, Washington, D.C. 20016

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

STATE

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Saw Minconsin No., mayy Mand, No. alana

.B.II , House Tier.

Herini Jakvet unt. Olkvet unsusery Joseph Dewler's Done, Inc. 1915: Missendis Ave., No. Mestington, D.C. 20016

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					TE OF MAR		W 3	20 4		6
	11-	FOR STATE	M	DEPARTMENT OF			DEATH "	0 4	0 20	
		REGISTRAR CEASED NAME	RST	MIDDLE	LAST	TIFICATE OF	20. DATE KNOW	WN TO MONTH	DAY YEAR IN HE	
		e OR PRINT) GE OF		SHINGTON	BUR!	ROUGHS	OF EST DEATH MAT	/	21,0 8 1/2	33
	3. SEX	4. RACE	IS DATE OF HIRT	TH 6. AGE (IN Y	U VUINDED		HRS. 2c. DATE	MONTH	DAY YEAR 2d. MI	SUR
		Make Cauga	sian MONTH DA	YEAR SLOST BIRTHE	(RS.	DAYS HOURS A	PRONOUNCED DEAD	Feb 1	21 1083/3	32 M
1		RTHPLACE (STATE OR REIGN COUNTRY)	76 OF IZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
	Ma	ryland	US.		WIDOWED				mary	MD.
S	CI	yer byrings,		OSPITAL, NURSING HOM		/	26. USUAL OCCUPATIO FOR MOST OF WORKING LI Carpenter/F		OR INDUSTRY  J.S. GOVT	
	USUA 13a S	L RESIDENCE (IF IN NUMBER	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISS		INSIDE CITY LIMITS? 13	3e. STREET ADDRESS		ZØ85Ø	
			ntgomery	Rockville			722 Grandir		, ,	
-	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15. /	MOTHER'S MAIDEN	NAME		LAST	
/	160.16	Lum /AS DECEASED EVER IN U.	S ADAMED ECOCES?	Burroughs	TY NO. 17 II	Edna NEORMANT	A AD	DRECC	Good	_
	(YE	S, NO, OR UNKNOWN) (IF YE WIN	S, GIVE WAR OR DATES)	579-03-580		rtha A. M			oth Avenue	
				ine far (a) (b), and (c).)	- 1		. Ocal	a, FIOTI	APPROXIMATE INTERVA	i.L
1		PART I DEATH WAS C	AUSED BY: EDIATE CAUSE (a)	Sant	1/11	VOCA.	ord tal	17/11	BETWEEN ONSET AND DE	AIH
		4291		OR AS A CONSEQUENCE	OF /		1 4	m		
		Conditions, if any, gave rise to imme		Chen	12/	4402	- sudial	VIPI	Yrs.	
		couse (o) stoting the u lying cause last.		OR AS A CONSEQUENCE	OF					
	ш		(c)							
	z	PART 2 OTHER SIGNIFICANT CONC		ATH BUT NOT RELATED TO THE TER	MINAL OISEASE OR C	ONOITION GIVEN IN PART	1 (0)			
_	110	19g. DATE OF OPERATION	I III CON	IDITION FOR WHICH OPE	RATION WAS P	ERFORMED?			20 AUTOPSY?	
1	FIC	1/0							YES NO	+
4 1	CERTIFICATION	210. EXTERNAL CAUSE W		OF INJURY		NJURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART		
5		UNDERLYING OR CONTRIBUTING CAUS		A.M. MONTH DAY YEA P.M. 19	AK .					
	MEDICAL	21d. INJURY OCCURRED	21e PLAC	E OF INJURY (AT HOME,	21f. LOCATI	ON	CITY OR TOWN	COLL	INTY STA	TE
	5	WHILE NOT WHILE AT WORK	E							
				described abave, held an	Autapsy	, Inspection	Inquiry .	ond in my opi	inion	
1		death resulted from	Naty al causes	Accident 5	girida	Homicide .	Undetermined manner			
		ACTUAL	1 0		Т	TITLE (SPECIFY)		DATE	t-121 10	0
		SIGNATUR	-	1 Qu	M.D	Vego-	MEDICAL EXAMINER	SIGNE	24/19/	3
i	-	EXAMENER'S NAME				0				
	1	TYPE OR PRINTS	wer to the state of the state o	To war of or	ADD		23d. LOCATION			=
	230. B	URIAL, CREMATION, REMO SPECIFY) Burial	2 /25 /03	23c. NAME OF CE			CITY OR TOWN	Frederic	The state of the s	
	24,00	DALLAL DERMINISTE	12/10/1	Resthave N. Market St			C'D. BY REGISTRAR 25			
	ROL	eff to Daile	22 1 102411 1	rederick, Ma		AM.	AR 7 1983	inle.	Q. Carried	
	F'111	neral Homes	P. A.					0		,



IMORE, MARYLAND 21201  be executed within 34 hours office dea  th and completely filled in by the  Pages I and 2 should be full  medical exattance flust be in the	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital of attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computably filled an propertion of should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages, I and 3 should be the with the State Dept. of Health and Mental Hygene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner frust be made
2 1/ 1/ 1/10 00	201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ss that the death certificate be executed within 24 hours offer de	ted by the ottending physician and campatrily filled in by please remove corbon popers. Pages I and 2 should be the rich rich, or removal.	, ar other traumatic event, the medical as allines must be not the

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE REGIS	TRAR	FIDST	FILE S	AIDDLE		ICATE OF DEATH	REG. NO.	ONTH DAY YE	AR 2b. HOUR
TYPE OR PRINT	1	1 1101							
	1	Margar		E.	Busser			.983	0
SEX			4 RACE		5. DATE C	DAY WEAR	6. AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24
Fema	ale		Whit	е	June	22, 1899	83 98	YRS.	
. BIRTHPLA	CE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	гн
	ginia		USA		WIDOWE		Montgomer	У	
CITY OR T	OWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NURSI HEACILITY, GIVE STREE 11e Nurs	ING HOME C TADDRESS) Sing Ho	OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W Prac. Nurse	ORKING LIFE) INDUS	ND OF BUSINES STRY Sh., D.
SUAL RESIDENCE STATE		136 COUN	other institution.	Bethes	MN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 9911 Dicken	s Avenue	2081
FATHER'S		THE IT			Park I	15. MOTHER'S MAIDEN NA			37.77
	es L. A	Allmor	MIDDLE	LAST		Emma Ransbo	t.t.om		LAST
WAS DE	CEASED EVER	IN U.S. AR	MED FORCES?	165-59CIAL SEC	WRITY MO.	17. INFORMANT		- 113- 3	
	R UNKNOWN)	(# YES, GIV	E WAR OR DATES)	577 00	7050	Annalia A Cha	Comon She TT-	aithersb	urg, Md.
no				line far (a), (b), a	10))	Aurelia A.Cr	eamer, 34) We	SPECTOR D	PPROXIMATE INTERVI WEEN ONSET AND DE
gove cause under	<del>/</del>	, which mediate ng the last.	(b)	R AS A CONSEQUENCE AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PAI	RT 1(a)
gove cause under	rise to imr (a), statir lying couse	which mediate age the lost.	DUE TO, OI  (b)  DUE TO, OI  CONDITIONS CO	R AS A CONSEQUE	JENCE OF  DEATH BUT	0	La distas	Ob. IF YES, WERE FI	INDINGS USED
gove cause under	rise to improve (a), stating couse 2. OTHER SIGN	which mediate age the lost.	DUE TO, OI  (b)  DUE TO, OI  CONDITIONS CO	R AS A CONSEQUE	JENCE OF  DEATH BUT	NOT RELATED TO THE TERM	La distas	2	INDINGS USED
PART 2	rise to imma (a), static (a), static (a), static (b), static (b), static (b), static (b), static (b), static (c),	, which mediate mediat	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b. CONDI	ONTRIBUTING TO	JENCE OF  DEATH BUT  CERES H OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY?	Ob. IF YES, WERE FI N CERTIFYING CAI YES	INDINGS USED USES OF DEATH NO
gove cause under PART 2	rise to imit (a), statir (a), statir (a), statir (b) rise (b) rise (c) rise	, which mediate my the lost.  NIFICANT COLORS	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC  196 CONDI  216. TIME O HOUR A.	ONTRIBUTING TO	JENCE OF  DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 12 YES NOW	Ob. IF YES, WERE FI N CERTIFYING CAI YES	INDINGS USED USES OF DEATH NO
PART 2	rise to imm (a), statin (a), statin (b), statin (b), statin (c), s	which mediate ag the lost.  NIFICANT CONTINUE TION  DERLYING CAUSE OF DEA CALEXAMINER RED	DUE TO, OI  (b)  DUE TO, OI  (c)  I 9b CONDI  TH  HOUR A  21e. PLACE	ONTRIBUTING TO	JENCE OF  DEATH BUT  CEREF  H OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY? 12 YES NOW	Ob. IF YES, WERE FI N CERTIFYING CAI YES	INDINGS USED USES OF DEATH NO
gove couse under PART 2  19a. DA  21a. AC  OR COM  (IF EIT  21d. IN  WHILE  AT WORR  22a. 1 c	rise to imit (a), statiir (a), statiir (a), statiir (b),	, which mediate go the lost.  NIFICANT COLORS  TION  DERLYING CALEXAMINER RED  THE CALEXAMINER (This hasping (I this hasping))	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC  19b. CONDI  19b. CONDI  21b. TIME O HOUR A.  P.I  21e. PLACE ( AT HOME, STR	PAS A CONSEQUENTIAL PROPERTY OF THE PROPERTY O	JENCE OF  JENCE OF  DEATH BUT  CONTROL  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  *** *** *** *** *** *** *** *** *** *	200 AUTOPSY?  YES NOW RRED (ENTER NATURE OF INJURY III	OB. IF YES, WERE FIN CERTIFYING CAT YES  NITEM 18 PART LOR PAR	INDINGS USED USES OF DEATH NO
gove couse under PART 2 PART 2 21a. AC OR COM (IF EIT 21d. IN WHILE AT WORN 22a.) c	rise to imm (a), statin (a), statin (a), statin (a), statin (a), statin (b), statin (b), statin (b), statin (b), statin (b), statin (c), statin (c), statin (c), statin (c), statin (c), statin (d), s	, which mediate go the lost.  WIFICANT CONTROL OF THE CAUSE OF DEAL EXAMINER RED  WIFICANT CONTROL OF THE CONTR	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC  19b. CONDI  19b. CONDI  21b. TIME O  HOUR A  P.J.  21e. PLACE (AT HOME, STR	PAS A CONSEQUENTIAL PROPERTY OF THE PACTORY OFFICE.	JENCE OF  JENCE OF  DEATH BUT  CORE H OPERATIO  DAY YEAR 19	NOT RELATED TO THE TERM  *** *** *** *** *** *** *** *** *** *	200 AUTOPSY?  YES NOW  CITY OR TOWN	08. IF YES, WERE FINCERTIFYING CALLYES COUNT	INDINGS USED USES OF DEATH NO  TY  STA  4. that (1) (we
gove couse under PART 2 210. ACC OR CON (FEIT AT WORL) 210. I c SOO OC	rise to imm (a), statin (a), statin (a), statin (a), statin (a), statin (b), statin (b), statin (b), statin (b), statin (b), statin (c), statin (c), statin (c), statin (c), statin (c), statin (d), s	, which mediate go the lost.  WIFICANT CONTROL OF THE CAUSE OF DEAL EXAMINER RED  WIFICANT CONTROL OF THE CONTR	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC  19b. CONDI  19b. CONDI  21b. TIME O HOUR A.  P.I  21e. PLACE ( AT HOME, STR	PAS A CONSEQUENTIAL PROPERTY OF THE PACTORY OFFICE.	JENCE OF  JENCE OF  DEATH BUT  CORE  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  NOT RELATED TO THE TE	200 AUTOPSY?  YES NOW  CITY OR TOWN	08. IF YES, WERE FINCERTIFYING CAI YES  NITEM 18 PART 1 OR PAR COUNT 19	INDINGS USED USES OF DEATH NO  TY  STA  4. that (1) (we
gove couse under PART 2 210. ACC OR CON (FEIT AT WORL) 210. I c SOO OC	rise to imm (a), statin lying couse  2. OTHER SIGN TE OF OPERA  CIDENT WAS UNIT STRIBUTING   0 HER NOTIFY MEDI JURY OCCUR!   NOT WIN AT WO ertify that (1) over the decease Sove, (1) (we) (sove)	, which mediate go the lost.  WIFICANT CONTROL OF THE CAUSE OF DEAL EXAMINER RED  WIFICANT CONTROL OF THE CONTR	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC  19b. CONDI  19b. CONDI  21b. TIME O  HOUR A  P.J.  21e. PLACE (AT HOME, STR	PAS A CONSEQUENTIAL PROPERTY OF THE PACTORY OFFICE.	JENCE OF  JENCE OF  DEATH BUT  CORE  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  NOT RELATED TO THE TE	200 AUTOPSY?  YES NOW  CITY OR TOWN  death occurred an the date	08. IF YES, WERE FINCERTIFYING CAI YES  COUNT  COUNT  19  and hour and fran	INDINGS USED USES OF DEATH NO TO THE STATE OF THE STATE O
gove couse under PART 2  19a. DA  21a. AC  OR COM  (IF EIT  AT WORE)  22a. 1 c  5 c  5 c  22b. SN	rise to imm (a), statin lying couse  2. OTHER SIGN TE OF OPERA  CIDENT WAS UNIT STRIBUTING   0 HER NOTIFY MEDI JURY OCCUR!   NOT WIN AT WO ertify that (1) over the decease Sove, (1) (we) (sove)	which mediate go the lost.  NIFICANT CONTROL OF THE CAUSE OF DEA CALEXAMINER RED  (this haspin ed alive on did) (did no did)	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC  19b. CONDI  19b. CONDI  21b. TIME O  HOUR A.  P.J.  21e. PLACE (AT HOME, STR  tol) attended the	PAS A CONSEQUENTIAL PROPERTY OF THE PACTORY OFFICE.	JENCE OF  JENCE OF  DEATH BUT  CORE  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  NOT RELATED TO THE TE	200 AUTOPSY? YES NOW  CITY OR TOWN  death occurred an the date	08. IF YES, WERE FINCERTIFYING CAI YES  COUNT  COUNT  19  and hour and fran	INDINGS USED USES OF DEATH NO TO THE STATE OF THE STATE O
gove couse under PART 2  190. DA  210. AC OR COM (IF EIT AT WORD 220. 1 c so ob 22b. SM	rise to imm (a), statin (a), statin (a), statin (a), statin (a), statin (b), statin (b), statin (b), statin (b), statin (b), statin (c), s	which mediate ag the lost.  NIFICANT COLORS  TION  DERLYING CAUSE OF DEA CALEXAMINER  RED  (this haspited alive on, did) (did no	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b. CONDI  19b. CONDI  21b. TIME O  HOUR A.  P.I  21e. PLACE ( (AT HOME, STR	PAS A CONSEQUENTIAL PROPERTY OF THE PACTORY OFFICE.	JENCE OF  JENCE OF  DEATH BUT  CORE  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  21l LOCATION STREET  7 , 19 7 7  and that in (my) (aur) opinion  DEGREE ATTENDING PHYSICIAN [ 22e. ADDRESS	200 AUTOPSY?  YES NOW  CITY OR TOWN  CITY OR TOWN  death occurred an the date  MEDICAL STAFF  DIRECTOR PHYSICIA	OB. IF YES, WERE FINCERTIFYING CAI YES  COUNT  COUNT  19 22  and hour and from	INDINGS USED USES OF DEATH NO TO THE STATE
PART 2  190. DA  210. AC  OR CON  (IF EIT  270. I C  SO  220. SN  221. SN	rise to imm (a), statin (a), s	which mediate and the island the island to the island to the island the islan	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b CONDI  TH  21b. TIME O  HOUR A.  (AT HOME, STR  Tol) attended th  1) view the bad	ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH E DF INJURY EET, FACTORY, OFFICE. e deceased fram, offire death.	JENCE OF  JENCE OF  DEATH BUT  CONCENTRATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  NOT RELATED TO THE TE	200 AUTOPSY?  YES NOW  CITY OR TOWN  death occurred on the date  DIRECTOR PHYSICIAL  COTGETOWN Rd.	OB. IF YES, WERE FINCERTIFYING CAI YES  COUNT  COUNT  19 22  and hour and from	INDINGS USED USES OF DEATH NO TO THE STATE
gove couse under PART 2  PART 2  210. AC OR COM (IF EIT AT WOR AT WOR AT WOR AT A	rise to imm (a), statin (a), statin (a), statin (a), statin (a), statin (b), statin (b), statin (b), statin (b), statin (b), statin (c), s	which mediate and the island the island to the island to the island the islan	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC  19b CONDI  21b. TIME O HOUR A.  P.  21e. PLACE (AT HOME, STR  1) view the body	PAS A CONSEQUENTING TO CONTRIBUTING TO CONTRIB	DEATH BUT CORE H OPERATIO  DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  21l LOCATION STREET  7 , 19 7 7  and that in (my) (aur) opinion  DEGREE ATTENDING PHYSICIAN [ 22e. ADDRESS	200 AUTOPSY?  YES NOW  CITY OR TOWN  CITY OR TOWN  death occurred an the date  DIRECTOR PHYSICIAL  POTRETOR Rd.  123d LOCATION	OB. IF YES, WERE FINCERTIFYING CAI YES  COUNT  COUNT  19 22  and hour and from	INDINGS USED USES OF DEATH NO TO THE STATE

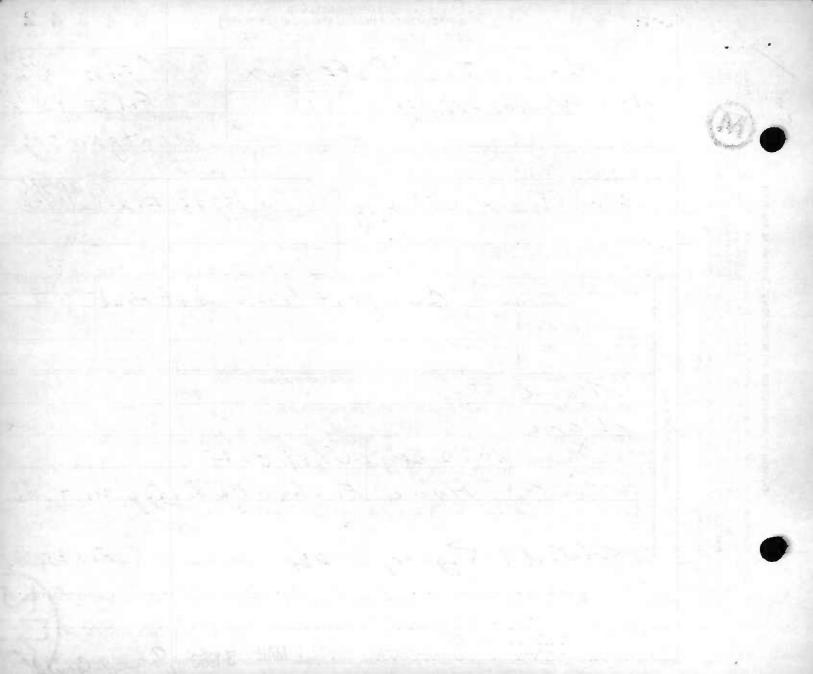
THE RUN TUR Celling and Community of the control 1000 cld farryetown H ., Sudville, No. Yen. 3,102 E i Fil B, Trien, V Lu en, Vir La F i Sur en Sur vir La Francia III e, Inc.

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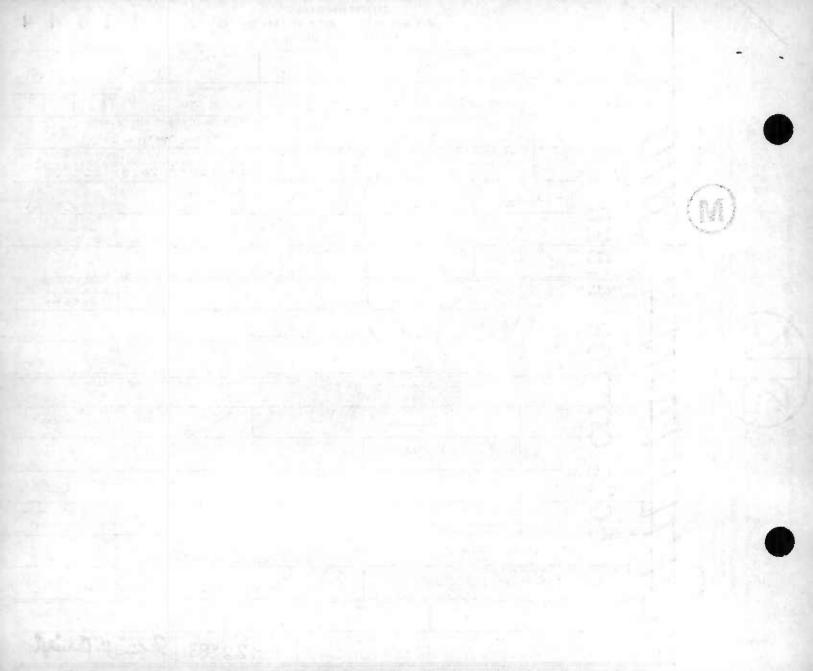
. Army wyllis, Montg. Mg.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN DO MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 24 HRS DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED New York D. CITY OR TOWN OF DEATH 126 KIND OF BUSIN 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 2, AND 3 TO THE 3. RETAIN PAGE SHOULD BE FILE LI PECORDS, 201 FOR MOST OF WORKING LIFE) Silver Spring 3326 Foxhall Road -omplayer awnscapina 13e STREET ADDRESS 13g. STATE 13d. INSIDE CITY LIMITS? YES NO I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Toan Caffiaux 16b. SOCIAL SECURITY NO ToAnn Rocbon 7. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES! Fathor Same as D."PENDING". IN PENCIL IN ITEM 18. G IEF MEDICAL EXAMINER ALONG WIT SED AS A BURIAL - TRANSIT PERMIT. P PEMELTH AND MENTAL HYGEINE, DW 1AL, CREMATION, OR REMOVAL. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS ICATE, WRITING THE WORD "PE E FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED / ITHE STATE DEPARTMENT OF HEL AND, 21201 PRIOR TO BURIAL, ( 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [ NOT AUSE WAS 71b TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21E LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 AT WORK AT WORK and in my apinian 22a. I certify that I taok charge of the remains described above, held on Autopsy Inspection X death resulted from: Natural couses Accident Homicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER XAMINER'S NAME Rogers 1919 Sominary Rd Silver Spring Mo **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY (SPECIFY) Fob. 28. 1983 Gate of Heaven Comptony Silver BP Mont 25a. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR Francis J. Collins **DHMH - 17** (VR A15 ME (5) 500 University Blud. W. Silver Spring 20M 4/82



500 UNIV BIVD W. STIVER SPRING MD. 20901

to the second THE RESERVE THE PROPERTY OF TH Lieung Herry Chies Mary The Samery entropy that is the best of the property of th Made Town On Property ALL THE SAME PROPERTY.



STATE OF MARYLAND

FOR

-		REGISTRAR			CERTIF	CATE OF DE	AIN	REG.	NO.			
		CEASED NAME FIRST OR PRINT) Ernest	B			aplinger		20. DATE OF DEATH	MONTH /3	DAY YEAR	2b. HOUR	AM
	3. SEX	Male	4. RACE White		S. DATE O		18 <sup>6</sup> 95	6. AGE (MENTENSIA)	YRS.	MONTHS DAYS	IF UNDER 24	MIN.
8	3v	RTHPLACE (STATE OR FOREIGN QUINTRY) irginia	75. CITIZEN OF WH.	AT COUNTRY?	MARRIEE WIDOWE	D NEVER MA	ARRIED ARCED	9. BALTIMORE CITY	or count ntgome			MD.
	S	ilver Spring		and Nurs	sing I		ИОПТИТ	12a. USUAL OCCUP (TYPE OF WORK FOR MO TELIT		LIFE) 12b. KIND C INDUSTRY IVINIS	f BUSINES:	SOR
5	13a, S	Maryland Mo	NTY 13c	ERESIDENCE BEFORE A CITY OR TOWN Silver S	4		NO 🗌	130. STREET ADDRES		d. 20904		
2	14. FA	THER'S NAME  Jacob Ha	rvey	Capling	ger	15. MOTHER'S /	RST	MIDDLE	ginia	Do	ve	
	(Y	(IF YES, GI	VE WAR OR DATES)	SOCIAL SECUR $223\ 50\ 35$		Don Co		same as 1	3e	163/1		
	rion	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS	POSEQUEN S A CONSEQUEN RIBUTING TO DI	NCE OF	Zel C	O THE TERMI		ONDITION GI	IVEN IN PART 10	2,	
7	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH C	OPERATIO	N WAS PERFOR	MED	YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES ]		?
	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE 22c.1 certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did notify the contribution of	ATH HOUR A.M. P.M. 21e. PLACE OF I (AT HOME STREET.	MONTH DAY	19 RM, ETC.)	211. LOCATION STREET	, 19		o date and ha	COUNTY		e) last
1		John J. Mer	endino, M	.D.			Kemp	Mill Rd.	Silver	Spring, I	Md.209	902

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82

<sup>24 FUNERATYSTOR</sup>Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

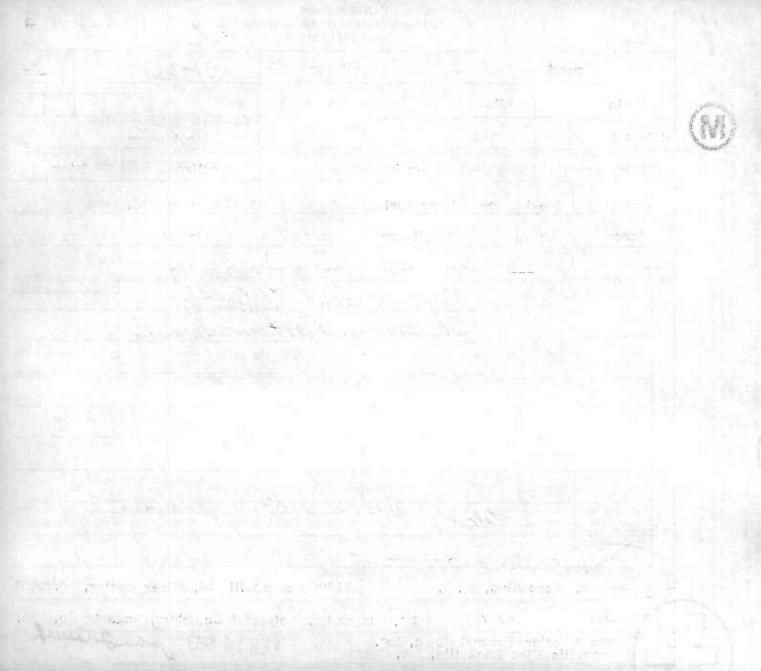
23b. DATE 2/9/83

23a. BURIAL, CREMATION, REMOVAL

Burial

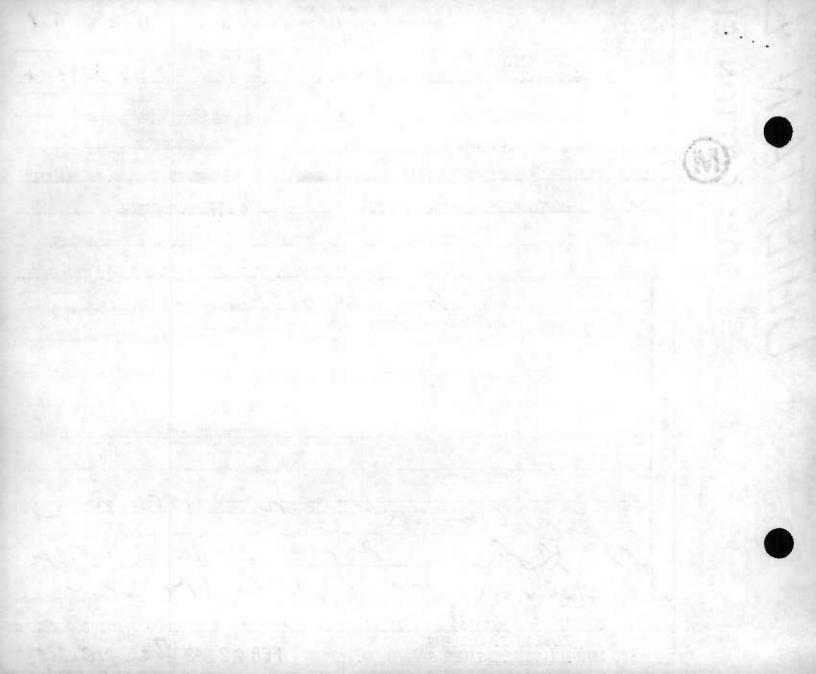
Mt. Pisgah Un. Methodist Cemetery, Augusta Co. 51 Va.

Inc.
Md. 20852



/				ATE OF MARYLAND	49	
1/	1-	FOR STATE		FHEALTH AND MENTAL H	0 0	4 0 4 0
10		REGISTRAR	MEDICAL EXAMI	NER'S CERTIFICATE C	F DEATH REG. NO	o.
/		CEASED NAME FIREE	DERICO MIDDLE	CAPRIOTTI	20 DATE KNOWN	MONTH DAY YEAR 26 COLR
S = 11 S =	1,	Forde	rich C	a-nicintit	OF ESTI- DEATH MATED	Fed 13 19 8 A AM
PLEASE RECTOR R FILES PHOURS STREET	3. SE	X 4. RACE	5. DATE OF BIRTH 6. AGE (IN			MONTH DAY YEAR 28 HOUR
STERE		11/11/	MONTH DAY YEAR LAST BIRTH	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	EL. 13 .07
SEP ER	70. B	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	I R	- 9 BALTIMORE CITY O	R COUNTY OF DEATH
1988年7	P Fo	DREIGN COUNTRY)	T+-1	MARRIED DEVER MARR	IED 🔲 -	+
2277	18.6	Italy ITY OR TOWN OF DEATH	Italy  11. NAME OF HOSPITAL, NURSING HO	WIDOWED DIVORC	120. USUAL OCCUPATION (TYPE	OF WORK 12b. KIND OF BUSINESS
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NY DELA TAIN P	1	021,0pg	Moly CV		Clerk	Embassy
ANY CAND	13a. S	AL RESIDENCE (IF IN NURSING HOME OF TATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS TY 13c. CHTT OR TOWN	I 3d INSIDE CITY LIMITS?	13e. STREET ADDRESS	20906
4 SABARS		max 1	1001 0160	OS YES X MOCKE		valler Re
7 A 2 S 3 A 4	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	NAME	LAST
PASSES AND STATE OF THE STATE O	0	Vincenzo	Capriotti	Guisep		Spinelli
	160.	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166. SOCIAL SECUR		ADDRESS	20906
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M 1B. GI NG WITH RMIT. PA :NE, DIVI			ly one cause per line for (a), (b), and (c).)	DMILITA OUT	TIOUEL WILL (SO	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSE	D BY:	. + . M.	12 di 1	BETWEEN ON SET AND DEATH
E Q E E E E		429 IMMEDIA	DUE TO, OR AS A CONSEQUENC	cos jour	80100101	'V ! V '
NA STAN		Conditions, if any, which	DOE TO, OR AS A CONSEQUENC	e Or		
IN PENCIL IN ITE/ EXAMINER ALON SIAL-TRANSIT PER D MENTAL HYGIE ON, OR REMOVA		gove rise to immediate		C		
A L N		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE	E OF		
2.3 SHOULD BE USED AS A BURIAL - TRANSIT DEPARTMENT OF HEALTH AND MENTAL HY I PRIOR TO BURIAL, CREMATION, OR REMO			(c)			
AAA	_	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).	
ARTI —	CERTIFICATION	100				
B ± ₹	3	190. DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20. AUTOPSY?
	E	102	e e			YES NO D
O W O	W W	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YE.	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
	₹	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. 19			
PAGE 3 SHOU TATE DEPART	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME,	21f. LOCATION		
2 1 2	×	WHILE NOT WHILE DAT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
WARDED PAGE 3 SI STATE DEP, 21201 PRI						
2年2		220. I certify that I taak charg	e of the remains described above, held an	Autapsy L, Inspectia	n linguiry . and	in my apinian
ZIE S		death resulted from Natu	al causes Accident ,	Suicide, Hamicide	Undetermined manner,	
AAR WAR		ACTUM /	2000	TITLE (SPECIFY)		
₹¥,~, —		SIGNATURE	1/1000	M.D. Dep.	MEDICAL EXAMINER	DATE SIGNED 21/3/983
NOR WENT		EXAMINADE VIAME	0			13
PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALLIMORE, MARYLAND, 2	-	(TYPE OR PRINT)	ohn S. Rogers, DME	ADDRESS 1905	Seminary Rd., S	S.S. Md.
PAT PAT -	23a. B	URIAL, CREMATION, REMOVAL	3b. DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
	(		-16-1983 Gate of	Heaven	Silver Spring	
AH - 17		UNERAL DIRECTOR	11800 N.H	. Ave., 250 DATE	REC'D. BY REGISTRAR 256. PEGIS	STRAR'S SIGNATURE
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ME (5))	1 44					

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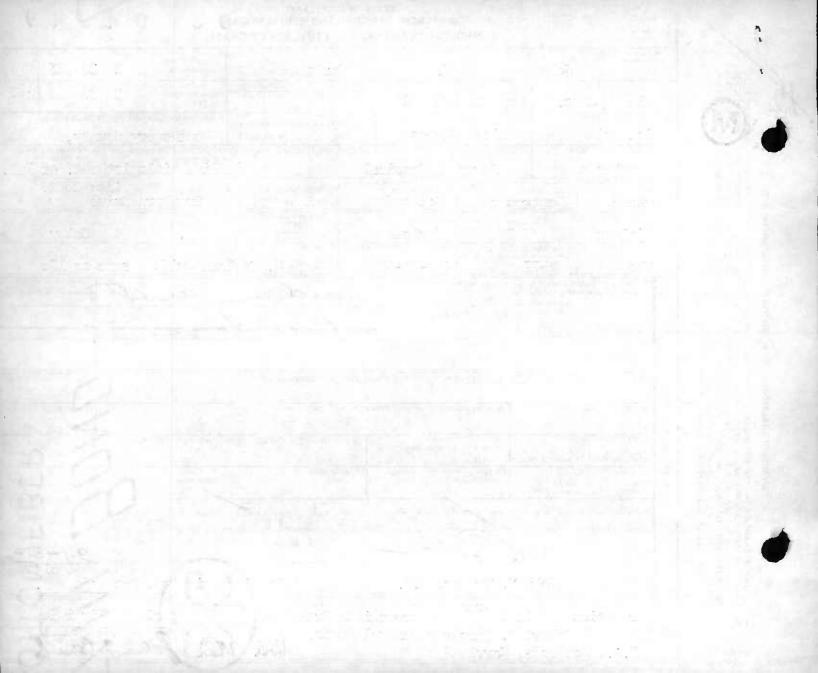


K8	1 -	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	OF MARYLAI EALTH AND M CATE OF DI	ENTAL HYG	IENE 8	3 (	4 3	4 8
* n =		CEASED NAME FIRST		Bain (		ist 1 C 3		2a. DATE OF D	REG. NO.	DAY YEAR	26. HOUR 6 45A M
oy be death	3. SEX	LULA	4. RACE	54111	5. DATE C	F BIRTH	12	6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	J. JL/	Female		ite	Mar	DAY	1900	82	YRS	MONTHS DAYS	HOURS MIN.
1111 10		RTHPLACE (STATE OR FOREIGN		WHAT COUNTR	V2 8	□ NEVER M			CITY OR COUN		
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ts ofter of the fulfilled with filled with		Rockville	Shady (	HOSPITAL, NUR CHFACILITY, GIVE STE Grove Ac	dventis			12a USUAL OG (TYPE OF WORK F Securi	ccupation or most of working ty Super	LIFE) INDUSTRY	r BUSINESS OR Overnment
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etely al 2 sh	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S	IRST		MIDDLE	LAST	
MA ompli		William	-	McBai			istine		ADDRESS & -	Bisse	
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LTIM		No		<u> </u>		Edward	J. Ne	20100	Galther	rsburg Mo	MATE INTERVAL DISET AND DEATH
., BA fricate physic pope noval rent, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	ED BY:	Cardi		pirato	500	rres	+	BETWEEN'S	MIL
on certing large ar report		1830 IMMEDIA	TE CAUSE (o)	OR AS A CONSE		7		211.00		1.5	4
deoth ce attendin nove carb atian, ar irraumatic		Conditions, if ony, which	( (b)_	Meto	1 12	aci	dosi	5		12	days
that the calculation of the calculation of the calculation or other triangles		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	OR AS A CONSE		Aden	10 00	rcina	ma	Un	known
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Daw ramit.	CERTIFICATION	19a. DATE OF OPERATION	19b COND	ITION FOR WH	ICH OPERATIO	WAS PERFOR	RMED	20a AUTOP	SY? 20b. IF Y	YES, WERE FINDIN TIFYING CAUSES YES [	
IN OF VITAL R. IYSICIAN: The It ding physician. is certificate has burial-transit per Mental Hygiene or frem 18 shows		?10. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	ATH HOUR A	OF INJURY m. MONTH	DAY YEAR	21c. HOW INJ	JURY OCCUR	RED (ENTERNATU	IRE OF INJURY IN ITEM I	IB PART I OR PART 2)	
7/SION OF 3 PHYSICIA trending pl ir this certifi the buriol-tr ond Mental ced or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY		21f. LOCATIO	N		CITY OR TOWN	COUNTY	STATE
N. S.		22a. I certify that this hasp	- 700	10	m 83,00	nd that in (m)	, 19.70 (our) opinion		on the date and h	, 19.83,	that (I)(we) lost
OR ATTE OR ATTE he hospito DIRECTO ached for Dept. of the them 21	-	obove (I) (we) (did) (did n	ot) New the body	y ofter death.		DECREE	TIENDING .		STAFF	22c. DATE	
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BP		(SPECIFY) Burial	2/15			Oak Ce	metery	Gait	hersburg		Md.
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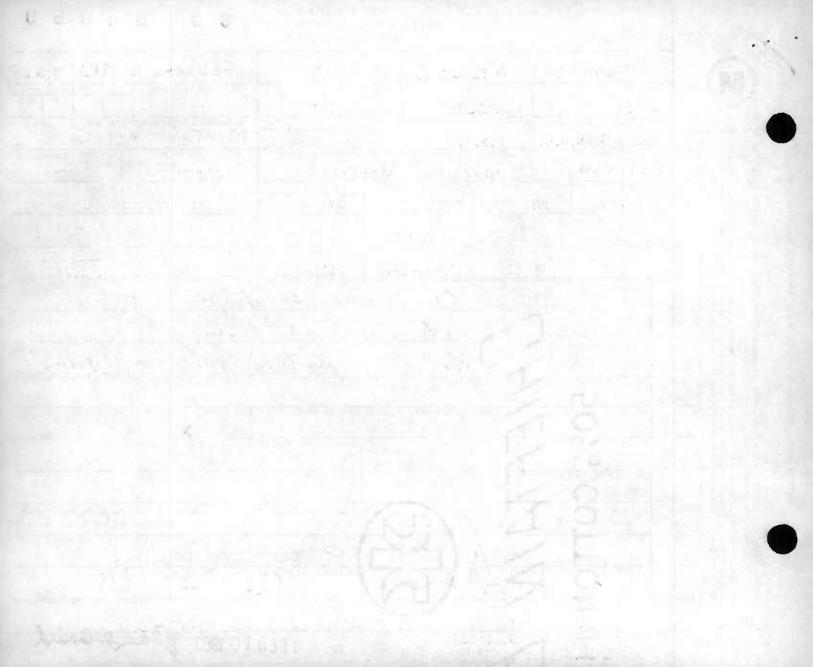
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1	11-	FOR STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.								
(A Maring H		CEASED NAME E OR PRINT)	John		C.		Carlsen		TE KNOWN	MONTH	26 <sub>19</sub> 83	2b. HOUR
PR FILE STREET	3. SEX		auc.	5. DATE OF BIRTH MONTH DAY May 29	1928 5	GE (IN YEARS IF U	NDER 1 YR. IF UNDER	MIN. PRON	ATE OUNCED EAD	монтн 2	26 83	9ª BY
86	FC	RTHPLACE (STATE OF REIGH COUNTRY)	DR	76. CITIZEN OF WH		MAR	RIED NEVER MARR	IED L	ontgome:			MD.
OL 2014		Bethesd	a		ban Hos	pital	HER INSTITUTION	FOR MOST OF	CCUPATION (TY) WORKING LIFE)  Fe Biolo		OR INDUS	TRY
SECORI	13a. S Man	yland	13b. COUNT	R OTHER INSTITUTION, GIV TY COMETY	13t. CITY OR T Bethe	OWN	13d. INSIDE CITY LIMITS? YES X NO	6804	DRESS Broxburi	Zi n Driv	p: 2081 ve	7
ORE, MD.  DEATH, IF  AGES 1, 2, 3, 48 PM 3, 2, 18 PM 3, 2, 18 PM 3, 2, 18 PM 2, 2, 1		THER'S NAME Hjalmar		MMI	Carls		15. MOTHER'S MAIDE FIRST NOTA	EN NAME	A. ADDRESS		Co1by	
BALTIMOR RS AFIER DE 8. GIVE PAGE WITH FORM 1. PAGES 1 A DIVISION OF	16a. V	vas deceased ev is, no, or unknown) Yes	(IF YES, GIVE V	WAR OR DATES)	480-30		Ruth H.	Carlsen			e as 13	e TE INTERVAL
NI RECORDS, 201 W. PRESTON ST. NULD BE EXECUTED WITHIN 24 HOL "PENDING" IN PENCIL IN ITEM 18 FE MEDICAL EXAMINER ALONG SED AS A BURIAL TRANSIT PERMIT FHEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	z	gave rise t cause (a) stat lying cause lo	any, which a immediate ing the <u>under</u>	(b)	AS A CONSEQUENT NOT RELATED TO	Ce-s JENCE OF	Kroe	RT I (a).				
ALR OULD "PI SED "PI SED "PI SI AL,	CERTIFICATION	19a. DATE OF OPE					WAS PERFORMED?				20 AUTOPS	
BIVISION OF VIT THIS CERTIFICATE SH TE, WRITING THE WOR RWARDED TO THE CH RWARDED TO THE CH RWARDED TO THE CH STATE DEPARTMENT (5), 21201 PRIOR TO BUR	MEDICAL CE	210 EXTERNAL CALL OF THE PROPERTY OF THE PROPE	OR CAUSE OF D	P,M.	MONTH DAY	YEAR 19	OCATION STREET		OF INJURY IN ITEM 18	PART 1 OR PAR		STATE
TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRIPPAGE A SHOULD BE FORWARD PAGE A SHOULD BE FORWARD AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	2	WHILE AT WORK AT  22a. I certify th death resulted fr  ACTUAL SIGNATURE  EXAMINER'S NAA (TYPE OR PRINT)	at I taak chargi am: Natur	e at the remains designed at courses and F. Taub	Accident Accident	, Suicide	psy , Inspection , Hamicide , TITLE (SPECIFY)		d manner .	nd in my ap  DATE SIGNE	inian 208	·83.
Bb————————————————————————————————————	23a.B	URIAL CREMATION Cremati	on 2	<sup>3b. DATE</sup> March 2, 1983	Metr	opolita	or Crematory n Crematory		exandri	a cour	Virgini	STATE A
DHMH - 17 (VR A15 ME (5))	24. F	P.A.		rt A. Pump la, Maryla		meral H	omes, 25a. DATE	REC'D. BY REGIS	STRAR 25 SEG	ISTRAR'S S	Come	1

20M 4/82



		1.	FOR STATE REGISTRAR			DEI	PARTMENT OF	E OF MARYLAND HEALTH AND MEN FICATE OF DEA	ITAL HYGIE	NE B	S REG. NO.	0 4	8	5 0
1611	- A		CEASED NAME	FIRST		HAEL	CAR	NEY	2 1	-	DEATH MONTH		VEAR 21	7:26P
	W)	3. SE			RACE	IIALL	5. DATE	OF BIRTH	YEAR 6	AGE INYE	ARS LAST BIRTHDAY)		ER I YEAR IF	F UNDER 24 HRS
- 0	11	_	MALE		CAUCA		AUG					rRS.		
A to	of once.	0	RTHPLACE (STATE OR FO COUNTRY) UASHINGTON,	D.C.	CITIZEN OF	A.	MARRI		RIED CED	Mor	Tgor		Co	MD.
201 r. oher	The het	2	othesd	~	3 upu	r bar	STREET ADDRESS)	OR OTHER INSTITUT	TION	TYPE OF WORK	CCUPATION FOR MOST OF WORK UNTANT	(ING LIFE) 126	DUSTRY	HEW
AND 217	saled in	13a.	MARYLAND	136 COUNTY	HER INSTITUTION FOMERY	13c. CITY O		13d. INSIDE CITY I			DDRESS	FIELD	ROAD	20895
WITH WITH	425 All	14. F	ATHER'S NAME	MIC	DDLE	LA		15. MOTHER'S MA	1	E	WIDDLE		LAST	
W. W	\$5 /BOO	140 )	THOMAS WAS DECEASED EVER I		IOSEPH		CARNEY	MA 17 INFORMANT	RY	ruro	JANE	100 5	MURK	RAY
IMOR!	Pages Pages		YES, NO OR UNKNOWN)	(IF YES GIVE V	VAR OR DATES)		44-2674	WILLIAM		THER ARNEY	ADDRES9 3 ROCKVI			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN. The law requires that the death certificate or ottending physician.	en signed by the ottending physic . Then please remove corbanpape or to burial, cremation, or removal injury, or other traumatic event, the	rion	Conditions, if any, gove rise to imm cause (o), stating underlying couse	which lediote the last	BY: CAUSE (a)  DUE TO, OI  (b)  DUE TO, OI  (c)  NDITIONS	R AS A CON	SEOUENCE OF				d mo	N GIVEN IN	JAI PART Ita	ITE INTERVAL SET AND DEATH
AL RECC	has be to premit ene premonent ows any	CERTIFICATION	19a. DATE OF OPERAT	ION	19b COND	ITION FOR V	VHICH OPERATION	ON WAS PERFORME	ED	YES [		IF YES, WER ERTIFYING YES [	CAUSES OF	
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	- 16 50M 4/B2	24. F	UNERAL DIRECTOR F	RANCIS	J. CO	LLINS	MII. UL	IVET CEME	25- PAE	RAC'S BY	INGTOND	ESSTRAR'S	AC COLLE	ulf
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North J. Berlond, To. Little T. Strong C. L. Landington, D.C.

O HOSPITAL OR ATTENDING PHYSICIAN: The

7	1.	FOR - STATE REGISTRAR			STATE OF MARY NT OF HEALTH ANI CERTIFICATE OF	MENTAL HYG		<b>0</b> G. NO.	4 3	5 2
oy be oge 3 death		CEASED NAME FIRST FRANK	LIN D	EAN	CEHRS		20. DATE OF DEAT	Feb. 12,	1983	26 HOUR 1:25
ector, po		Male	4 RACE White	5	DATE OF BIRTH	1936	6 AGE (IN YEARS LA		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	12	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA		MARRIED A NEVEL	R MARRIED DIVORCED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	M
by the filed	) ]	Rockville	2305 Rocl		HOME OR OTHER IN	ISTITUTION	12a USUAL OCCU	PATION	Izh KIND OI nforcej Age	F BUSINESS OF ment ncy
24 hau filled in buld be	13a. 3			RESIDENCE BEFORE AD CITY OR TOWN ROCKVIL		CITY LIMITS?	13e. STREET ADDRE			
ond 2	14. F	THER'S NAME  Bernice Ju	ilius	Cehrs		R'S MAIDEN NA FIRST Ruth	ME Gertr		Sile	ey
be execution on the control of the c		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES	IVE WAS OR DATES)	577 56 9	238 Kers			e as 13e		
rtificate an papsicio an papers emavol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	only one couse per line f						BETWEEN	MATE INTERVAL INSET AND DEATH
e death ce e attending mave carb totion, ar r traumatic	8	4254 Conditions, if any, which	DUE TO, OR AS	A CONSEQUENT	LY OPATI	44				
that the last ease remo		gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS	A CONSEQUENT	TON TH	TERAP!	Y			
requires en signed Then pla in to buria	ATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR		ATH BUT NOT RELATE	ED TO THE TERM	INAL DISEASE OR C	CONDITION GIVE	EN IN PART 10	
bee bee	18	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OF	PERATION WAS PERF	ORMED	20a. AUTOPSY?	20b. IF YES	WERE FINDIN	GS USED

DINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING T CAUSE OF DEATH FIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive or and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did) (did not) view the body ofter death

DEGREE

226. SIGNAFURE	Delegon	am.
200 COUNTY	· Cruero	1

ATTENDING & / MEDICAL DIRECTOR PHYSICIAN

STATE

STATE

22e. ADDRESS

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Cremation 2/14/83 Metropolitan Crematory <sup>24 FUNERAL</sup> Preson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

Alexandria, Virginia BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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should be detached for use as the burial-transit part the State Dept. of Health and Mental Hygier MPORTANT: If Item 21 is marked or Item 18 sha

MEDICAL

./	1	STATE REGISTRAR	DEP		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	0 4 8 5 3
noy be poge 3		CEASED NAME FIRST VOSEP	ph A.	Cha	ley		2 17 83 345
oge 4 mo rector, po urs offer o	3. SI	m	RACE	5. DATE OF	BIRTH YEAR /3 00	6. AGE (TH YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
death. Po	6	ONN. KKEX	CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED DIVORCED	MONT 90 M	COUNTY OF DEATH
by the filled with	5	IVER Spring	I. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR STREET ADDRESS)	OTHER INSTITUTION  1. RSING HOME	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Barber	N 12b. KIND OF BUSINESS O INDUSTRY CFI F FMDI OVI
24 Jour		md kexe	MERY, SILVE	SPRENG	3d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	11409 COLUMBIA PIK
B 60		PETER	CHALES		MOTHER'S MAIDEN NA	MIDDLE	RFFSF
on and c		MAS DECEASED EVER IN U.S., ARMI YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES	SECURITY NO. 1	7. INFORMANT DAUG DIANE	HTER ADDREST	6109 JERALD ROAD
ng physici banpape remavat		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	or, and icit	Aticenia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  7 APPROXIMATE INTERVAL  2 APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
e attendi move cor notion, or troumoti		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONS	EOUENCE	t / yo/0	reshorts	idays
es that the ned by the please re unial, crer		couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS		BPH		10 Dears
v requir	ATION	190. DATE OF OPERATION	196 CONDITION FOR W	146	WAS PERFORMED		
The lovicion.	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO} \)
SICIAN: ang phys certifico oriol-tro Ventol Hy Item 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY)	N ITEM 18 PART I OR PART 2)
ING PHY frer this as the bath ond M	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		If LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI sspital or CTOR: A d for use			ottended the deceased for the body ofter death.	10	that in (my) (our) opinion (	deoth occurred on the date	that (I) (we) lo
NAL OR RAL DIRE detoche tote Dep		22b. SIGNATURE	An	<u> </u>		MEDICAL STAFF DIRECTOR   PHYSICIA	22c. Date SIGNED
CO HOSPIT TO FUNER should be continued by MAPORTAN		Michael	(bority, or	7	11/WM	H Ave	SI, and
BP		BURIAL	2/19/83	GATE OF CEN	HEAVEN	SILVER SPI	RING COUNTY MONT 51MD
DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR FRANCI:		S MD 209		REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND I		GIENE Ö S	. NO.	4 0	٥.	·c4
		CEASED NAME FIRST MARY		gnes		nappele	ar	20. DATE OF DEATH	23	83	2b. HOUI	3A
1		Female	4. RACE White		July		1907	6. AGE INVEARS LAS		IF UNDER 1 YEAR	HOURS	24 HR5 M IN.
6	N	RTHPLACE (STATE OR FOREIGN COUNTRY) ORK	U.S.		WIDOWE		VORCED	9. BALTIMORE CIT	omery	OF DEATH		MD.
		Bethesda	Suburb	HOSPITAL, NURSIN CHEACILITY, GIVE STREET AN HOSPIT	address)	OR OTHER INST	TITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO Homemak	ST OF WORKING LIF	12b. KIND C INDUSTRY OWN		SS OR
No.	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO Mon	or other institution unity itgomery	134. CITY OR TOW Chevy Ch	'N	13d. INSIDE C	ITY LIMITS?	3517 Turi	s ner Lan	e 24	0815	
CON		THER'S NAME Patrick	MIDDLE	ungavin		15. MOTHER'S	MAIDEN NA	Unknown		LAS		
	No	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	579-42-0		17. INFORMA		app <b>elear</b>		clis, M		1401
	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN	(b)	r as a conseque	enroi				isease		<b>CS</b> •	
,	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI		H?
1		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	CAIN	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	ON	CITY O	RTOWN	COUNTY	\$1	TATE
		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	not) vew the body	- 19	, 01	nd that in (my) DEGREE	ATTENDING PHYSICIAN	, to Feb. death accurred on the	TAFF	22c. DATE		ited
		OscarMann, M.				224. ADDRES		Ave. N.W.	Wash.,	D.C. 2	20016	
	23a. B	BURIAL, CREMATION, REMOVA SPECIFY) <b>Burial</b>	2/5/8			ill Cen		23d LOCATION Suit La	nd	COUNTY	Mď	TATE

DHMH - 16 50M 4/B2

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

5130 Wisc. Ave. N. W. Washington, D. C.

Md.

74 FUNERAL DIRECTOR
Joseph Gawler's Sons

FEB 1 0 1983

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, by	hanteras Despuis		Coder at			

Capitol Funeral Service, Falls Church, Vallar

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

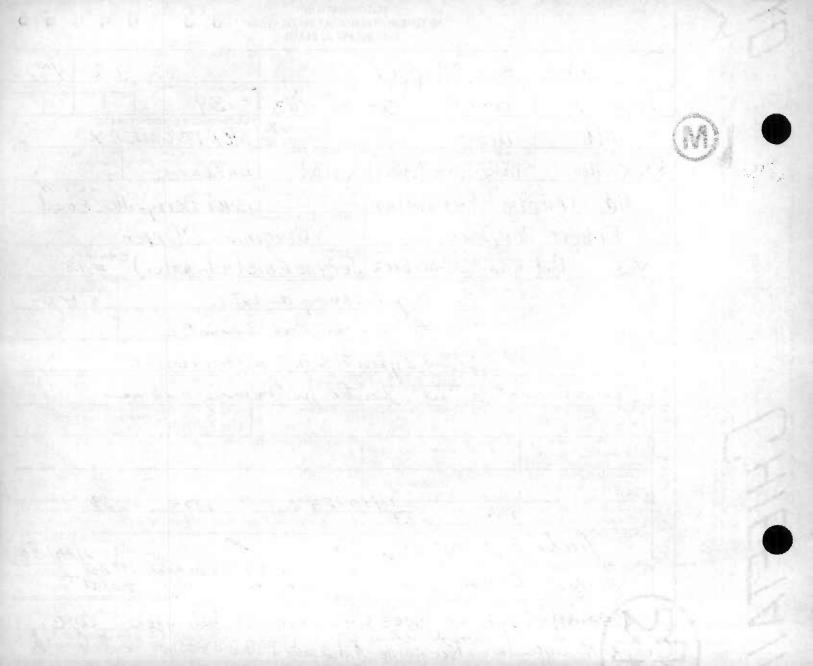
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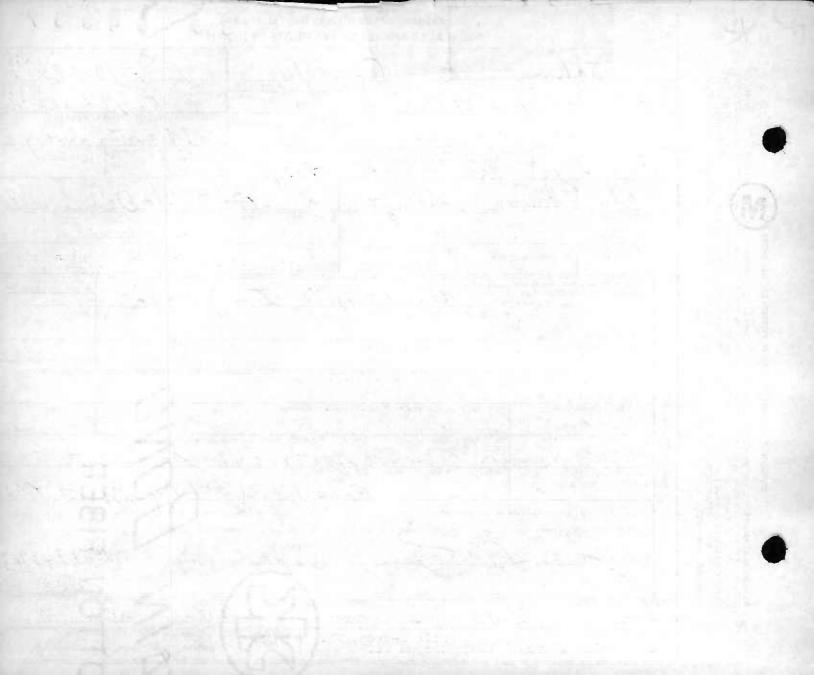
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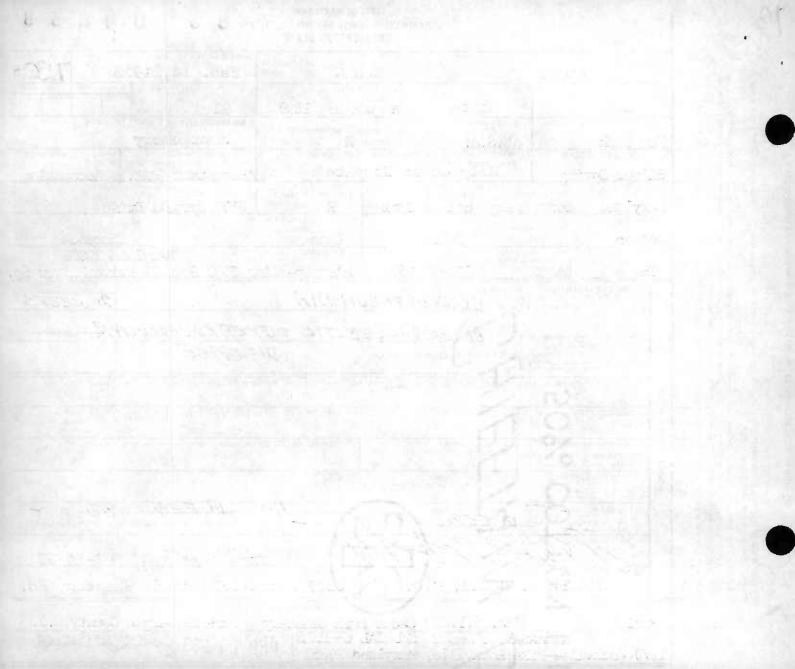
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*	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	MENE 8 3	0 4 8 5 6
4 may be or, page 3 siter death		4 / 1	A. RACE S. DATE OF BIRTH DAY 1 O YEAR	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 02 23 83 410 p N
deoth. Page	· ·	MAIE  RTHPLACE (STATE OR FOREIGN  OUNTRY)  JY OR TOWN OF DEATH	Black of . 24 1943  7b. CITIZEN OF WHAT COUNTRY?  MARRIED NEVER MARRIED WIDOWED DIVORCED  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	1 1 1	RCOUNTY OF DEATH
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cated within 2 campletely files 1 and 2 shau		Robert	INTEL SOLIAL SECURITY NO. 17. INFORMANT	ME MIDDLE MIDDLE	ipper LAST SAME AS
tificate be execu physician and c inpapers. Poges imaval. event, the medica	('	18. CAUSE OF DEATH LENter of PART I, DEATH WAS CAUSE	inly one couse per line for (a), (b), and (c).)  TET lene E. III,  IN CAUSE (a) Car diopulm anay and  THE CAUSE (a)	is (fosterneot est	her) # 13  APPROXIMATE INTERVAL BETWEEN ONAET AND DEATH  Ship.
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to R ATTENDIN the haspital or L DIRECTOR: After use a stacked far use a see Dept. of Health: If them 21 is ma		sow the deceased olive or	O P IN CIA DEGREE	MEDICAL STAF	ate and hour and from the couses stated  22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be determent the State with the State		22d PHYSICIAN'S NAME (TYPE	COSCA m. D. 270. ADDRESS 75.50	DIRECTOR PHYSIC	D, rosat
BP		DURIAL, CREMATION, REMOVA SPECE CREMATION  JUNEAL DIRECTOR  PART  PART	2-26-83 Lee's Crematorium	23d LOCATION CIT OR TOWN E REC'D. BY REGISTRAR EB 28 1983	COUNTY D. C. STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE

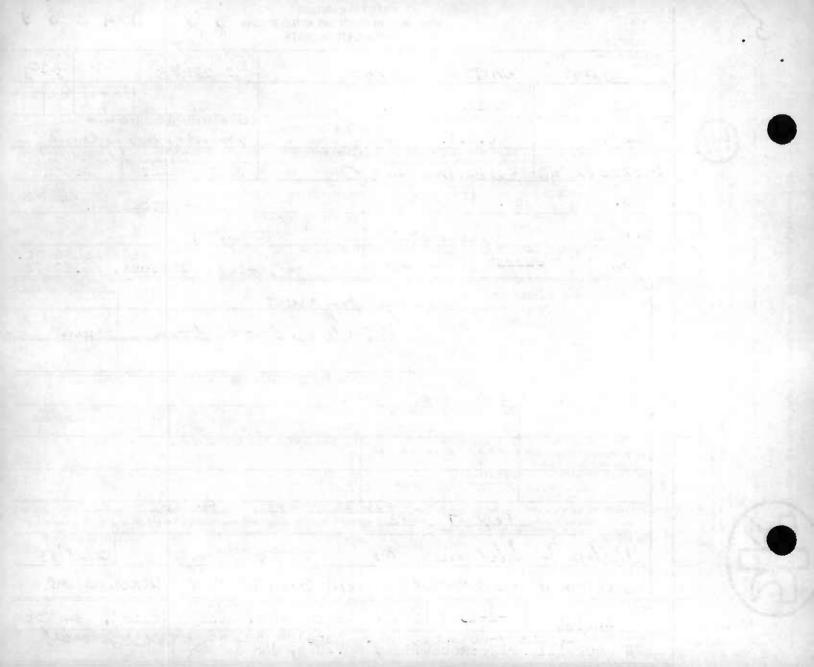


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1	R		REGISTRAR		DICAL EXAMIN	IER'S C	ERTIFICATE O		REG, NO.		
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	35 E 5 E 5 E 5 E 5 E 5 E 5 E 5 E 5 E 5 E	3. SE)	A A A RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD		DER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YEAR	1943
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	2 2 2 2 2 2 4 V	Wa	shington, D.C.	United	States	WIDOW	ED DIVORCE	ED 🗆	10 port	5 5 macyy	MD.
_	O VEESERS	ID. CI	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOM ACILITY, SIVE STREET ADDRESS)	E, OR OTHE	ER INSTITUTION	12a. USUAL OCCUP	PATION (TYPE OF WORK	OR INDUSTRA	55
	A SPER PO		Del. JA	o Ho	1 ly CV	000	HOND	Carpent			
	SEA SE	USUA 13a. S	L RESIDENCE (IF IN NUMBER	OR OTHER INSTITUTION, G	IJC. CLTY OF TOWN		13d. INSIDE CITY LIMITS?	13. STREET ADDRE			2
(	A 2 2 2 2 3			lington	Avlina	tor	YES NO .	1960	012/	5 m/n/64	SI
6	1	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME	AIDDLE	LAST	
	1 3 8 2 2 D Z	C	ornelius		akley		Ellen			mody	
3	FER DE PAGE	16a. V	VAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECURIT	IY NO.	17. INFÖRMANT		ADDRESS		
			NO, OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	228-74-91	L82	Cornelius	Coakley 2	Arlington.	Oominion Dri	.ve
	B. GIV WITH WITH T. PAG DIVIS	>	18. CAUSE OF DEATH (En	ter anly ane cause per lin	e far (a), (b), and (c),				1	APPROXIMATE INTERV	VAL
	NA SAN		PART I DEATH WAS C.	AUSED BY:	Mul	411	is/e Z	miu	VITS	BETWEEN ONSET AND D	ZEATH
	N 24 H N ITEN ALON IT PEN YGIEN		8///		R AS A CONSEQUENCE	OF					
	KER ITHE		Canditians, if any,								
	ANN ANN OR THE WILL		gave rise to imme cause (a) stating the <u>u</u>		R AS A CONSEQUENCE	OF				1 1 1 1 1 1 1 1 1	100
	UTED WITHI IN PENCIL EXAMINER SIAL - TRANS O MENTAL ON, OR REA	- 14	lying cause last.	(6)							
2			PART 2 OTHER SIGNIFICANT COND	NITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION GIVEN IN PAR	RT 1 (a).			_
5	D BE EXECTED BY BE BEEN BY BE BUT BY	Z	Nov	e							
è	HOULD BE NOT WENT WENT WENT WENT WENT WENT WENT WEN	¥	190 DATE OF OPERATION		ITION FOR WHICH OPER	N MOITAS	AS PERFORMED?			20. AUTOPSY?	
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	THIS CITHIS CITH	E	WHILE DOT WHILE AT WORK	E STREET, FAC	CTORY, FARM, ETC.)	P	TREET / sh/	2/ 532	Sea 1	COUNTY A	1)
	TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE O TO FUNERAL DIRECTOR: PAGE3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BATTIMORE, MARKLAND, 21201 PRIOR TO BU					ALEA		Dr	19	20100,	
	MA SO SHOW			charge of the remains de		Autaps				apinian	
	A PER BER		death resulted fram:	Natural causes .	Accident Su	uicide,	, Hamicide L.	Undetermined mo	ınner L.,		
	W. W. W.		ACTUAL /	2 011	Tan.		TITLE (SPECIFY)		DATI	E/- 17/139	707
1-1-1	2HH SHE		SIGNATURE		Jan		D. Vaga	MEDICAL EXAM	VINER SIGN	VED O 141	2
	MEDIC CUTE T SE 4 ST FUNER FUNER TIMOR		EXAMINER'S NAME (TYPE OR PRINT)				1000000				
	AFTE AFTE	230 B	URIAL, CREMATION, REMO	VALE 236 DATE	736. NAME OF CE		ADDRESS	23d. LOCATION			
		B	urial	2/28/83	Columbia			Arlingt	ton Arli	ington, VA	
9990	BP-		UNERAL DIRECTOR				Tot - Inn -	REC'D, BY REGISTRA			-
1///	DHMH - 17 (VR A15 ME (5))	Mu	rphy Falls C	hurch 1102	Falls Chur W.Broad St	.CII, V	A. WA	W. 198	1 John	La Comerfe	
	20M 4/B2	_									

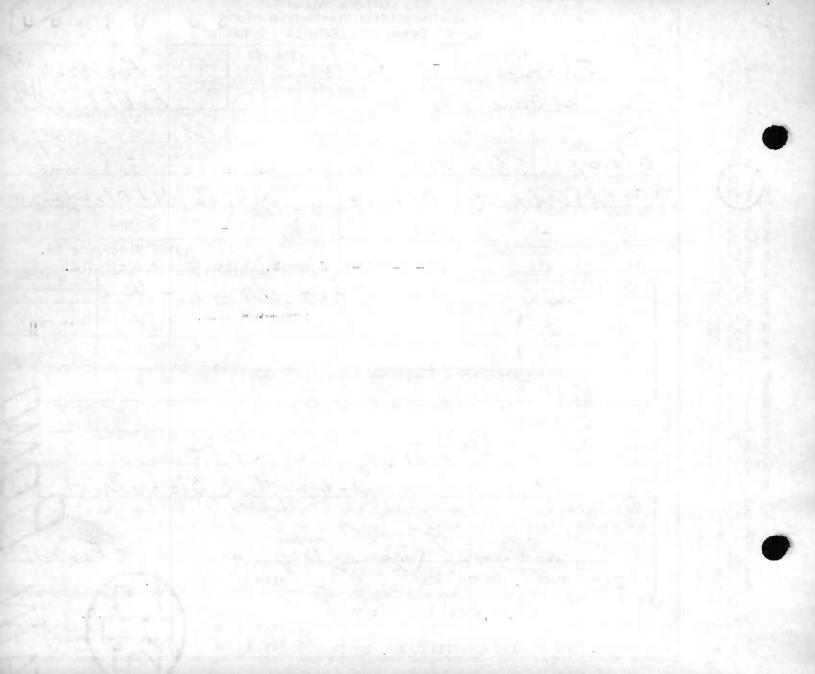




5.	1	FOR - STATE REGISTRAR		DEPARTM	STATE OF MAR ENT OF HEALTH AN CERTIFICATE O	ID MENTAL HY	GIENE 8 3	0 4	1859
e & €		CEASED NAME FIRST	WIDDLE		LAST			MONTH DAY	YEAR Zb. HOUR
deot		SAM	NMI	C	ohen		2-28-8	3	830 AM
ector, p	3. SE	x Male	4. RACE White		5. DATE OF BIRTH	1900	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDI	DAYS HOURS MIN.
MY		IRTHPLACE (STATE OR FOREIGN COUNTRY) Rumania	76. CITIZEN OF WHAT		MARRIED TONEVE	ER MARRIED   DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DE	
10	10.0	ITY OR TOWN OF DEATH BELLESSA MI	11. NAME OF HOSPI		S HOME OR OTHER I		126. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Dress Ma	ON 136.	KIND OF BUSINESS OR
2 should be	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE Md. 136 CO	OR OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE	ADMISSION)  11e   13d INSID	E CITY LIMITS?	130. STREET ADDRESS 6111 Mor	trose F	21852
and 2 sh ond 2 sh	14. F.	ATHER'S NAME Buruch	MIDDLE Stru	ımenta		ER'S MAIDEN NA	JNKNOWN)		LAST
Poges I and		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O		34-10-	7.50	line Yo	ADDRE Okley Dan	ss 24404 nascus,	Kakae Dr. Md.20872
Then please remove corbonpop r to buriol, cremotion, ar remavo injury, or other traumotic event, i	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT Preumonia	DUE TO, OR AS A  DUE TO, OR AS A  CONDITIONS CONTRI	CONSEQUE	Obstruction of the observation o		0		ylars PART 1(0)
rait permit. I	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION	FOR WHICH (	PREMATION WAS PER	RFORMED	28a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING ( YES []	E FINDINGS USED CAUSES OF DEATH? NO [
burial-transit p Mental Hygier or Item 18 shav	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. A		Y YEAR 19	INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR	EPART 2)
pe	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	JURY CTORY, OFFICE, FA	RM. ETC ) 21f. LOCA STI	ATION	CITY OR TO	wn co	DUNTY STATE
ept. of He Item 21 is		27a.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did 22b. SIGNATURE	Fel- 2	19	3 , and that in (r	ny) (our) opinion	death occurred on the do	ote and hour and f	from the couses stated  2c. DATE SIGNED
should be detoched for us with the State Dept. of He IMPORTANT: If them 21 is	M	WWW.am H 22d. PHYSICIAN'S NAME (TYPI WILLIAM H	SILVERA	nn	22. ADDI		MEDICAL STAF DIRECTOR PHYSIC	IAN	2/28/83
shour with IMPO	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N.	AME OF CEMETERY C		23d LOCATION	1340010	,,,,,,,
	4	Burial	3-2-198	33   Un	ited Heb	rew Cer	n. Staten		New York
50M 4/B2	24 F	UNERAL DIRECTOR Danza 170 Rockvill	nsky-Gold e Pike:Ro	berg ckvil	Mem. Cha le, Md.2	De 1 850. DAT 0 8 5 2 MA	R 3 1983	REGISTRAR	SICONNELL



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12	1.	FOR STATE		DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENS	3	0 4	8	6 0
10	'	REGISTRAR	ME	DICAL EXAM	IINER'S C	ERTIFICATE	OF DEATH	REG. N	0.		1
No. of the latest the		CEASED NAME FIRST	THOMAS	WIDDLE		'AST COL	BY 20. C	OF ESTI-	MONTH	DAY	YEAR 26 HOL
	1	The	m. a.s	-	601	1 by		ATH MATED	Felb.	2619	83 10
TREE FILE	3. SE	4 RACE	S. DATE OF BIRTH	YEAR LAST B				DATE	MONTH	DAY	YEAR 24 HO
SY, B		m w	June 13	11/7	5 YRS.	DAYS HOURS	MIN. PRO	NOUNCED E	62	6 10	83/54
STALLA	70 B	RTHPLACE (STATE OR	76. CITIZEN OF WH		1	ED NEVER MA	9. B.	ALTIMORE CITY	OR COUNT	OF DEA	Н
IN IS NECESSARY, PLEASE THE FUNERAL DIRECTOR.  GE & FOR YOUR PILES.  FILED, WITHIN 72 HOURS  ON PRESTON STREET.		ASS .		SA	WIDOW	ED X DIVO	RCED 🗆	Mon	to		ery "
ON SEE FISH	10 C	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING H	OME, OR OTH	ER INSTITUTION		OCCUPATION (TY	PE OF MORK	OR IN	OF BUSINESS
HO WS		Olney	36/2	Mt	0/20	Ther		ICE OFFI	CER		LICE
SOROS		L RESIDENCE (IF IN NURSING HOME		VE RESIDENCE BEFORE AD		138. INSIDE CITY LIMITS	1			2	20,833
	130 2 <sup>S</sup>	083211	1 onti	10/2	2-014	YES NQ	23//	2M	60%	re 1	1-2W
S NESSE	14. F	ATHER'S NAME		10		15. MOTHER'S MA	IDEN NAME			-	
4		HARRY -	MIDDLE	COLBY		$\mathbf{ID}^{FIRST}_{\mathbf{A}}$	- 1	MIDDLE BO	ONNER	LAST	
BALTIMORE, RS AFTER DEAT COLVE PAGES WITH FORM PY WITH FORM PY PAGES I DEAT DIVISION OF AU	16a. \	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		15T2TS	Swaton	en to	Da
N ST., BALTIMA I HOURS AFTER EM 18. GIVE PA ING WITH FOR EMIT, PAGES I ENE. DIVISION AL.	{}		VE WAR OR DATES)	722 05	62E0 A	J	C-11	Silver			
URS A SUIT PARTIT PARTI		YES WW		723-05-		James T	COLDA	Silver	Sprin	2/	DXIMATE INTERVAL
		PART I DEATH WAS CAUS	ED BY:	tar (a), (b), and (c).	MPA	1 . 4 1	. JAlean	1.41	Hezi	BETWEEN	NONSET AND DEA
ON SI 24 HO ITEM 1 LONG PERMI GIENE, WAL.		9501 IMMEDI	ATE CAUSE (a)	AS A CONSEQUEN	ICE OF	LACL	NO TV	2001	/	1	
PRESTON ITHIN 24 FOLL IN ITEA AER ALON ANSIT PER AL HYGIEI REMOVAI		Canditions, it any, which		AS A CONSEQUE	ACE OF						
R RELEGIE		gave rise to immedia	te (b)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST  1. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL  2. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 11  2. WARDED TO THE CHIEF MEDICAL EXAMINER ALONG  1. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT  STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,  2.1201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying cause last.	DUE TO, OR	AS A CONSEQUEN	ICE OF						
S, 20 CCUTE NO NO N			(c)								
ECORDS D BE EXE ENDING MEDICA AS A BU EAITH AI	-	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE	DR CONDITION GIVEN IN	PART 1 (a)				
RECC ILD BE PEND PEND PEND PEND PEND PEND PEND PEN	9	1001	Le								
HOULD RD "PEI THIEF W USED A OF HEA OF HEA	CERTIFICATION	198 DATE OF OPERATION	196 CONDIT	TION FOR WHICH O	DPERATION W.	AS PERFORMED?				20. AUT	OPSY?
SHOUL ORD "I CHIEF SE USED SURIAL	l E	1001	ne							YES	□ NO-B
NOF ICATE THE W THE W STAKEN	CE	218 EXTERNAL CAUSE WAS	HOUR CA	MONTH DAY	YEAR 21c. HC	OW NIURY OCCUP	RED LENTER NATUR	E OF INJURY IN ITEM 18	PART 1 OR PART	(2)	
A A A A A A A A A A A A A A A A A A A	S	CONTRIBUTING CAUSE OF	F DE ATH	FISI	13	160	001	Z			
DIVISIO DIVISIO CATE, WRITING CATE, WRITING FORWARDED TI TOR: PAGE 3 SH THE STATE OFPA AND, 21201 PRIG	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE C STREET, FACT	OF INJURY (ATHOR TORY, FARM, ETC.)		CATION	/ cm	ORJOWA	gour gour	NTY	/ STAT
	-	AT WORK AT WORK	2 /4	10 Ne	MI	Olney	Lane	Olne	yM.	ont	Me
R: TI TE, TE, TI R: PV D, 2		22s I certify that I taak cha	rae of the remains des	cribed abave held	an Autaps	sy . Inspec	tion DO In	quiry . /a	ind in my api	nian	
AND THE NAME OF TH			tural causes .	Accident .	Suicide	,	Undetermin				
KAMIERTIFIED BE		100	70 1	1	>	TITLE (SPECIFY)					
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SEAT SEATON	1			12		5	MEDICAL	LAMMINER	3101401		
CUTE OF TIME	-	EXAMINER BY AME JOH	N S. ROGER	S MD		ADDRESS_Si	lver Spr	ing, Md.			
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21;	23a.B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OI	F CEMETERY O		23d. LOCAT	ION			
	(	SPECIFY)	FEB. 27, 19		REMATOR		WASH	INGTON	D	.C.	STATE
BP	24. F	CREMATION -				25a. DA	TE REC'D. BY REC	ISTRAR 256 REC	SISTRAR'S SH		
DHMH - 17 (VR A15 ME (5))	FI	RANCIS H. BARBE	ER LAYTONS	SVILLE, M	D. 2087	9 M	4R7 19	03 100	moh	Laure	
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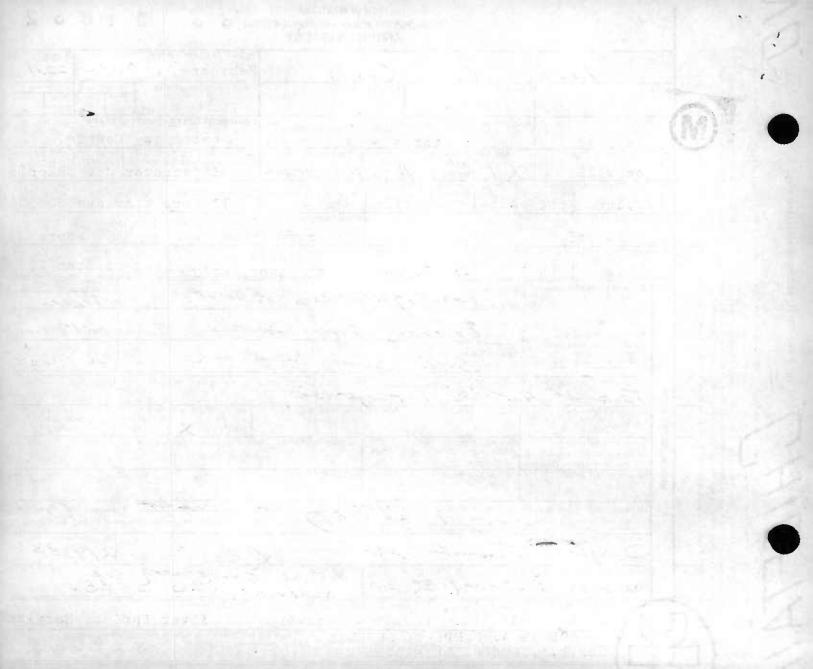


*	1.	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HY	GIENE 8	REG. NO.	0	4 8	6 1
م و ج		CEASED NAME	<del>URST</del>		MIDDLE	^	AST		20. DATE		ONTH DAY	YEAR	26 HOUR
y be eoth		C- 615	tre	00			nsle	92		epraga		1983	10:46 Am
E	3. SE		1	4 RACE		5. DATE C	DAY	YEAR	6 AGE (II	N YEARS LAST BIRTHD	MON	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
• (M)		Male		Whi		Marc	n 4	1896		86	YRS.		
a .		IRTHPLACE (STATE OR FORE COUNTRY)	IGN		WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9. BALTIM	ORE CITY OR			
deoth.	10.0	Virginia			S.A. HOSPITAL, NURSIN	WIDOWE		NORCED	12- 115114	Mon:	tgomer		MD.
ors ofter d		Rockville		Shady	GVOVE	ADDRESS)	rentist	Hospit	A LITYPE OF WO	ork for most of w Enginee:	ORKING LIFE	INDUSTRY	FBUSINESS OR Heating
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fille	13a.	AL RESIDENCE (IF NURSING STATE 13b	b. COUN	other institution ity gomery	131. CITY OR TOW Rockvill	N	13d. INSIDE (	NO [	13e STREE	TADDRESS Viers	Mill	Rd. Z	0851
ARYLA within within d 2 sho d 2 sho	14. F/	ATHER'S NAME		MIDDLE	LAST			S MAIDEN N	AME	MIDDLE	(10)	IAS	1
complet		Richard		-	Coleman			Sarah	L	Etta		Ashbu	rn
n ond co		VAS DECEASED EVER IN I	U.S. AR	MED FORCES? E WAR OR DATES!	166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		22 THE	rie Ro	se Ct	•
BALTIMORE.		Yes		WI	228-09-2	28	Verno	n Cole	man	Gaither	sburg.	Md.20	877
: 4009		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSE	ly one couse pe D BY: E CAUSE (o)	r line for (o), (b), one	ula	col	laper	و			BETWEEN (	MATE INTERVAL ONSET AND DEATH
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CARDS, 2 requires een signe it. Then p ior to bury, y injury,	TION	19a DATE OF OPERATION		norell	NO-LTC	ca	ta	coldi	4	TOPSY? 2	Ob. IF YES, W	/EDE EINIDIN	10s usen
TAL RECO	CERTIFICATION	THE DATE OF OPERATION	14	198 COND	THON FOR WHICH	OPERATIO	N WAS FERF	JKMED	YES 🗆	H	N CERTIFYIN	G CAUSES	OF DEATH?
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TENDI fol or OR: A or use f Heol		220.1 certify that (1) (this sow the deceased a above, (1) (we) (did)	olive on	2-	19 5	3,3,0	nd that in (my	, 19 ) (our) opinior		red on the dote	ond hour or	nd from the	that (1) (we) lost couses stated
OR he he ho cohe oche		22b. SIGNATURE	oru	old X	Bucy	V			MEDICA	STAFF OR PHYSICIAL	и	224. DATE	SIGNED )-&3
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F + 2 > 2		BURIAL, CREMATION, REA	MOVAL	23b. DATE				CREMATORY	C	CATION ITY OR TOWN		OUNTY	STATE
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DHMH - 16 50M 4/B2 (VRA 15, 4)		uneral director name Socake eartner Sand	ison		₩316.E. Gaithersh	Diamourg, l	nd Ave	• 9	R 2.3	registrar 251	REGISTRA	2. Cou	URE .

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o vou		3-5		4. RACE		5. DATE C			6 AGE IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEA	R IF UNDER 24 HRS
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<u> </u>	# 7 T	0. 1	COUNTRY)	76. CITIZEN OF V	WHAT COUNTRY!	MARRIE	NEVER !	MARRIED -		-		
deo	SE CO	1	Maryland		ed State			NORCED			ry Coun	
ē	William William	-10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	R OTHER INS	TITUTION	124. USUAL OCC	UPATION	NG LIFE) INDUSTR	OF BUSINESS OR
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eco.	dico		WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMA	ANT Wif	e	ADDRESS		
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res	ane n ple ouri		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN PART	(a)
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9 5	nsit per rgiene p	Ξ							YES N		RTIFYING CAUSE	NO T
Th.	ronsit Hygie	3 -	210. ACCIDENT WAS UNDERLYING	21b. TIME OI	FINJURY	_	121c. HOW IN	NJURY OCCURR			A 18 PART ( OR PART 2)	
NA y			OR CONTRIBUTING CAUSE OF DE			Y YEAR			(2,112,111,101,101,101,101,101,101,101,10			
SIC		2	(IF EITHER, NOTIFY MEDICAL EXAMINE			19		261				
PHY	this id M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATI	T T	CI	TY OR TOWN	COUNTY	STATE
9 6	hor hor rrke	1	AT WORK NOT WHILE									
9 9	s mo	1	220.1 certify that (1) (this hosp	ital) ottended the	deceased from_	Jane	ery	19 82	, to	redes	. 19	, that (II) (we) last
TEN	For the state of t		sow the deceased alive or above, (1) (we) (did) (did no	- au-		, or	d that in my	( bur ) opinion o	death occurred a	the date and	haur and from th	e causes stated
A A A	pt.		22b. SIGNATURE	or view the body	after death.		DEGREE				22c. DA1	E SIGNED
0 8	# #		Denla R	The see	notes,	160		ATTENDING	MEDICAL	STAFF	2/	9183
IT AI	FUNERAL Jid be determine Store	-	22d PHYSICIAN'S NAME (TYPE	OD 00(1)73			22e ADDRE	PHYSICIAN	DIRECTOR	HYSICIAN L		
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7 5	>= 0, 5 ≤ °	23a.	BURIAL, CREMATION, REMOVAL					CREMATORY	23d. LOCATIO	N	COUNTY	STATE
ВІ	P		(SPECIFY) Burial	14,19	983 (	ate	of He	aven	Si	lver :	Spring,	Marylar
DHAM	14 5014 4400	24. !	UNERAL DIRECTOR ROBE	RT A. P	UMPHREY	FUN	ERAL	25a. DATI			GISTRAR'S SIGN	
	- 16 50M 4/82 (RA 15, 4)		HOMES, P. A	ROCKV	ILLE MA	RYLA	ND	FF	B1710	33   %	san &	Colicely
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

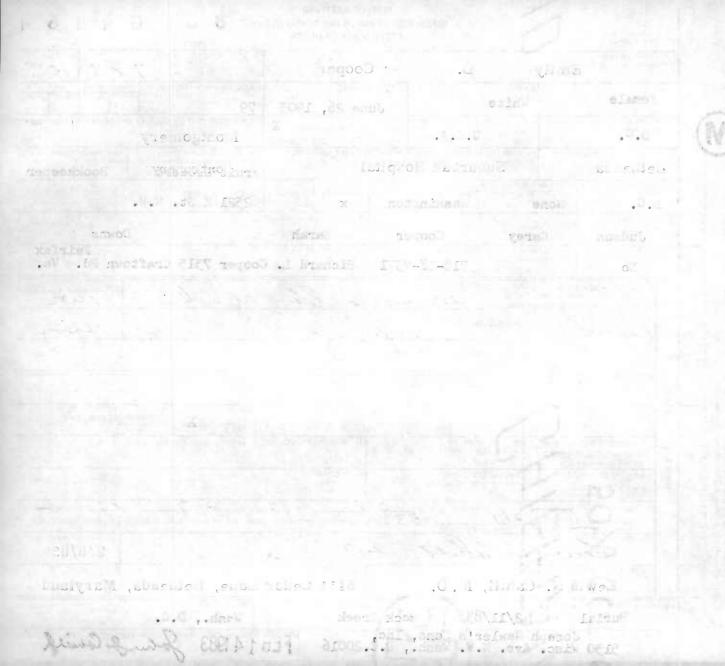


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH DECEASED NAME 2b. HOUR TYPE OR BRINITE LomminsSR bllard IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX December 7. 1899 Male Caucasian 83 TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED nont so mere County United States Canada WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Professor Education TO OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Zip Code: M COUNTY 2939 Van 13d. INSIDE CITY LIMITS? Washington Washington. Van Ness 20008 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ty rrell Walter El len Commins ADDRESS 115 Lone Oak Son) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT William D. Commins Jr, Bethesda, Maryland 79-44-3021 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Five days riration IMMEDIATE CAUSE Two Conditions, if any, which gove rise to immediate couse (o), stating the Vescular underlying cause lost. TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, Insuff 206. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [ 218. ACCIDENT WAS UNDERLYING 715 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE February 22a.1 certify that (1) (this hespital) attended the deceased from\_ and that in (my) (evr) opinion death accurred on the date and hour and from the couses stated February 10 sow the deceased alive on February 10 above, (1) (we) (did ) (did not) view the body after death. 226 SIGNATURE 22c DATE SIGNED DEGREE M.D. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 2/11/83 should be detained with the State [ 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT Betweelg. 6318 Fort Ames 236. DATE Februar 1831. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL Gate of Heaven Silver Spring Burial 1983 Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, DHMH - 16 50M 4/82 P.A., Bethesda, Maryland (VRA 15, 4)

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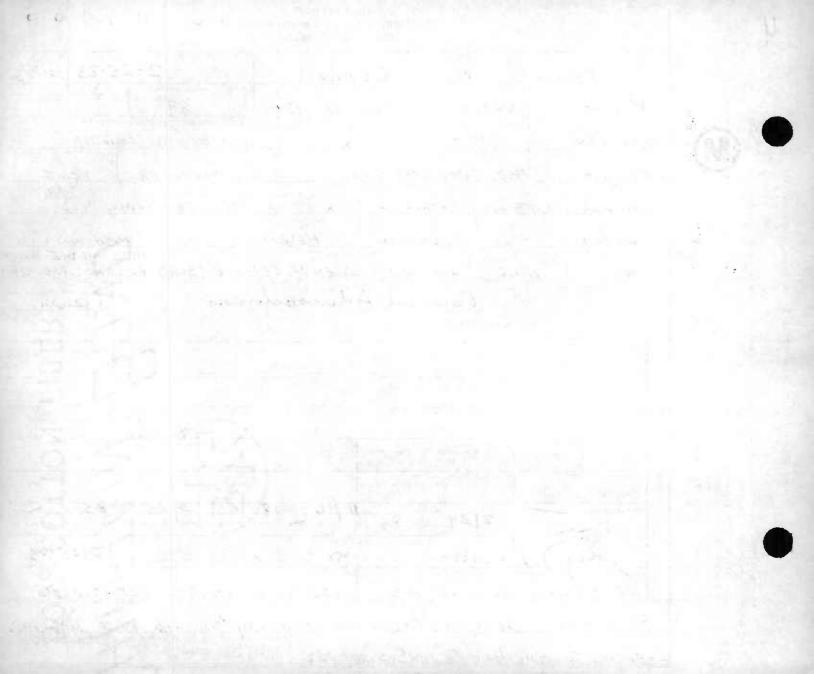


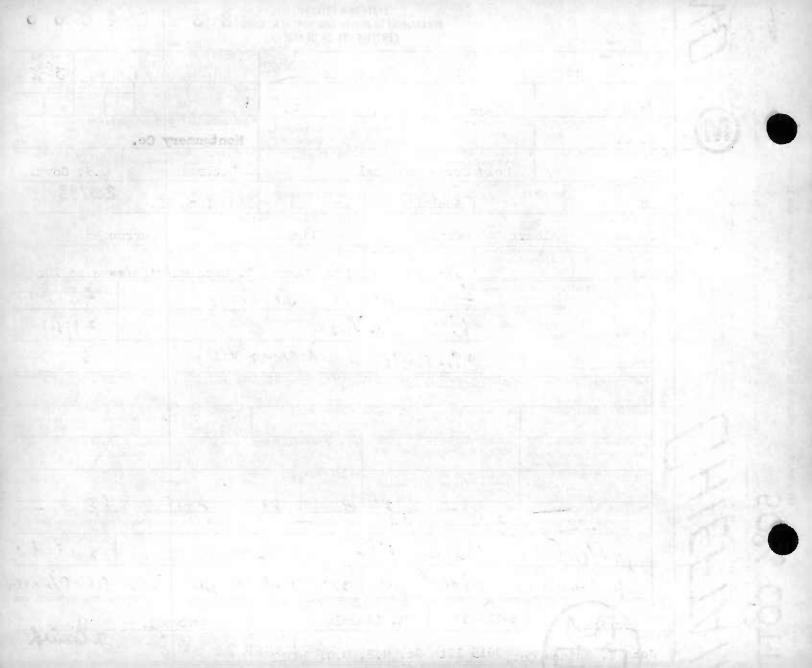
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be 1 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

retained by the haspital or attending physician.

page 3

	1.	FOR - STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	3	0 4	8	6 5
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121		saw the deceased alive an FFPDIADY 5 19 83 , and that in (N) (aur) apinion death accurred an the date and hour and fram the causes stated abave, XI (we) (did) XIX (c) view life body after death.										
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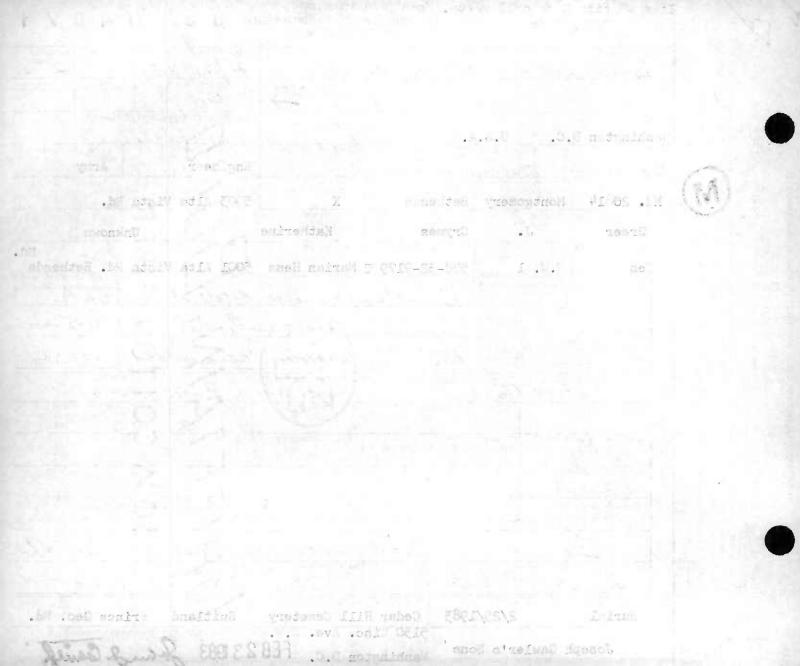
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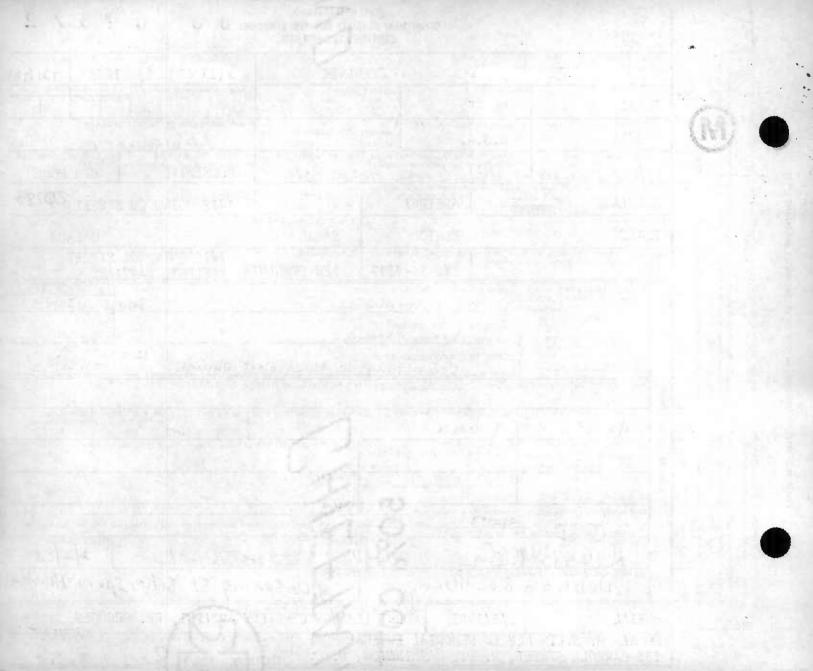
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Month GIRL AMANDA DAGMARO 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) GAYS MONTHS completely filled in by the hours at YRS 9. COUNTY OF DEATH Za: BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED mon DIVORCED WIDOWED 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH . NAME OF HOSPITAL OR INSTITUTION (If not in haspital INDUSTRY give street address) pleose remove carbon 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admissian) STATE 13b. COUNTY PRINCE GEO event, director, page 3 should be detached for use os the burial-transit permit. Then please remos should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and any one. physician and control 14. FATHER'S NAME Middle Middle 1S. MOTHER'S First Last Huffman 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANI Address Yes, no, or unknown) APPROXIMATE INTERVAL attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE signed by the the Conditions, if ony, which gave ) rise ta immediate cause (a), AS A CONSEQUENCE OF DUE TO, OR' Page 4 may be retained by the hospital or attending physicion. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) has been 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES V TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED O HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State Street or R.F.D. No. City or Town Caunty While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from. 25 .19 DS, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_ causes stated abave, (I) (we) (did) (did nat) view the body after death. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION (County) 2-13-83 METROPOLITAN CREM ALEXAMORTA 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR COLLINS 500 UNIV. BLVD. WEST VR A15 (4) 30M REV. 1/68

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¥4 # + - 0	8 6		210. ACCIDENT WAS UNDE		216. TIME C	OF INJURY .M. MONTH [	AY YEAR	21c. HOW IN	NJURY OCCUR	RED (ENTER N	ATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2)	200
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the he to DIRE	: If #e.m		226. SIGNATURE	un	16	> £	elere	DEGREE ()	ATTENDING PHYSICIAN (	MEDICAL	STAFF		22c. DATE S	GIGNED /
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DHMH-16 30M 2/80		24 F	UNERAL DIRECTOR	-		51 ADDRESS	30 W18	c. Ave	IN250NDA	TE REC'D. BY	REGISTRAR 25	b. REGISTRA	AR'S SIGNATI	JRE



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FOR - STATE

24. FUNERAL DIRECTOR

FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

DHMH - 16 50M 4/82

(VRA 15, 4)

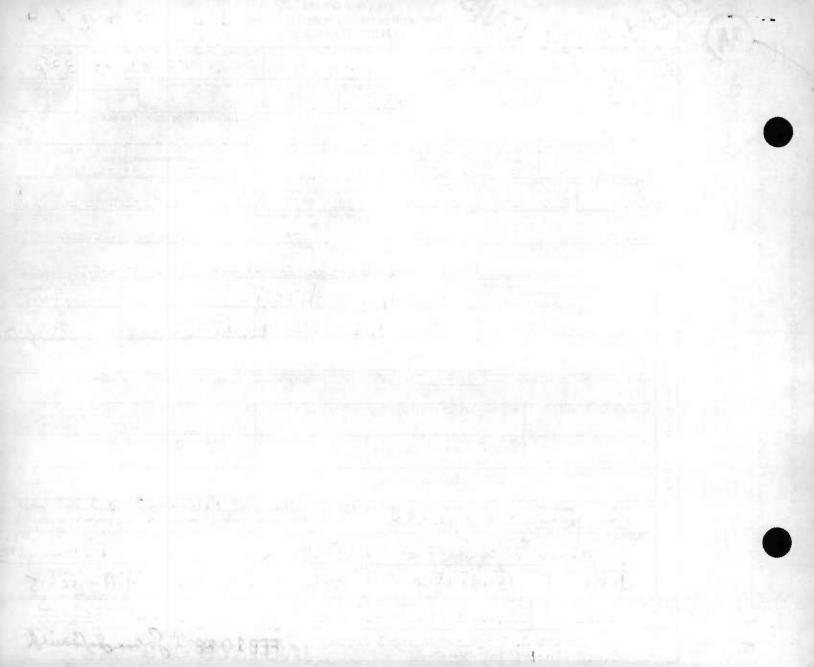
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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that d by ease al, c		underlying cause last.	(c)		Manufi S.E.			
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re ior T	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20g AUTO	OPSY? 206 IF YE	S, WERE FINDING	SCUSED
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TEN or us of He		saw the deceased alive on	1/3 19	3, and that in (my) (aur) op		d on the date and has		uses stated
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HOSPITAL ned by the FUNERAL Jid be det whe State ORTANT:	Π,	22d. PHYSICIAN'S NAME (TYPE OR PRIN	۹۲)	22e. ADDRESS	IAN DIRECTOR		11/1	140
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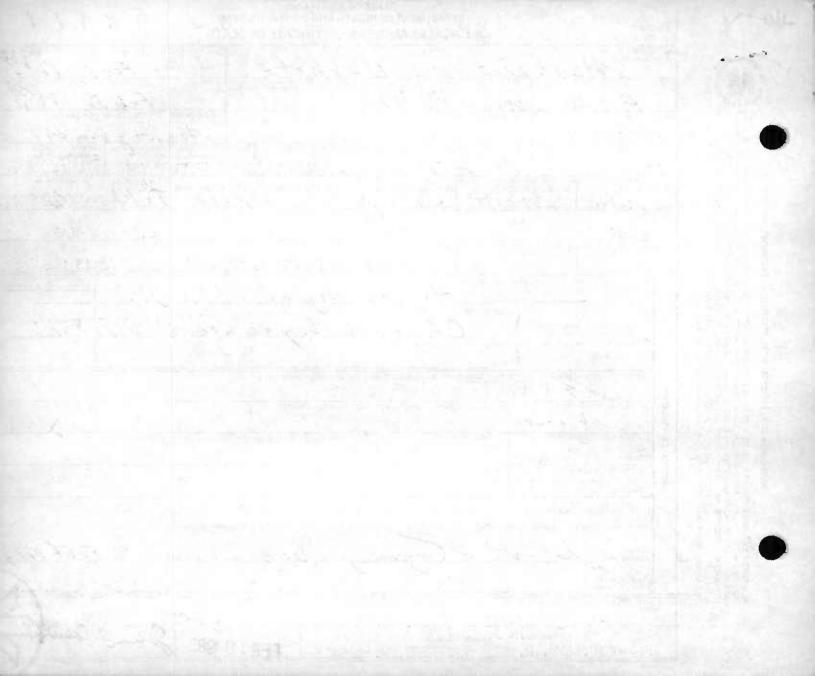
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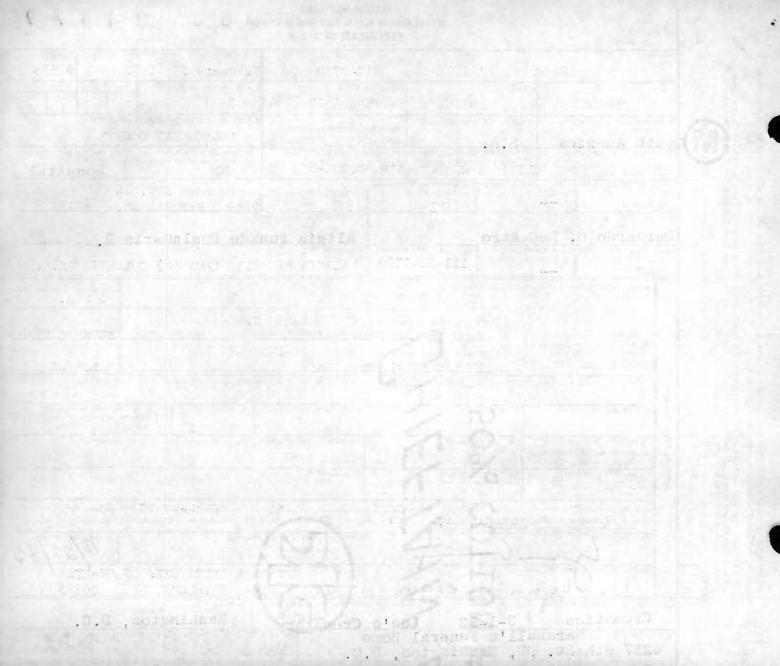
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	3. SEX	4. RACE	5 DATE OF BIRTH	1925 6. AGE 4N YE	ARS IF UND	DER 1 YR. IF UNDER 24		MONT	H DAY YEAR	24 HS14R
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		Y OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOMI			a. USUAL OCCUPAT		I IZE KIND OF B	SINESS.
2	0	TIUED ODDING	(IF NOT IN SUCH F.	ACILITY, GIVE STREET ADDRESS)	As .	RVN DRIVE T	FOR MOST OF WORKIN	G LIFE)	GEORGETT	WAN
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	lóa W	AS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT	YNO.	17 INFORMANT		ADDRESS	4-91	
		NO		089-26-45	91	EDWARD S.	DAYHOFF	SAME	AS 13 HUS	SBAND
		18. CAUSE OF DEATH (Enter on	ly one cause per line				= -,		APPROXIMA BETWEEN ONS	E INTERVAL
		PART I DEATH WAS CAUSE	D BY: TE CAUSE (a)	Acut	c /	hunca	v dist	Diz	BET WEET ONS	T AIRD DEATH
		429 IMMEDIA		AS A CONSEQUENCE	OF	1				
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		gave rise to immediate cause (a) stating the under-		AS A CONSEQUENCE	OF	100 4 00	4.67	O VI	1 1 1 2	
		lying cause last.	1 502 10, 5	A A CONSCIONED	01				9	
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE 4TH	ONT NOT DELATED TO THE YEAR	ANIAL OFFICE	OS CONDITION CHIEF IN DOCUMENT		-		
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		death resulted fram: Natu	ral causes	Accident L. Se	ucide,		Undetermined mann	er [_],		
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2 # 5 E 5 A	0.0	IT OR TOWN OF DEATH		PITAL, NURSING HOM	AE, OR OTH	ER INSTITUTION	128. USUAL OCCUPA FOR MOST OF WORKIN	NG LIFE]	OR INDUST	RY
A P P P P P P P P P P P P P P P P P P P		Bethesda	7900 Sto	oneham Terr			Housewit	fe	Own Ho	me
S A B		AL RESIDENCE (IF IN NURSING HOME OF		Tac. CITY OR TOWN	INOIS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		9449	4
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IB. RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 OT HE REDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 53 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. TO PROPARAMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 WOR PROPARED TO BURIAL, CREMATION, OR REMOVAL.		rance		Gergy		YESX NO		hambons	71590	
4. IF	14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	NE .	LAST	
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A DANGE	Téa V	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRESS	toro Till	5 (14)
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TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND	1	(TYPE OR PRINT)	M. Dixon			ADDRESS		Je 10., 140	. 21201	
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g physic g physic ertificate rial-trans ental Hyg tem 18 sh		216. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	JURY MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATUR	E OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
DING PHYS or attendin After this ce as the bu alth and Me	MEDICAL	21d. INJURY OCCUR WHILE NOT WE AT WORK	TILE 🗆	21e. PLACE OF II (AT HOME, STREET, F		ARM, ETC }	211 LOCATION STREET	C	ITY OR TOV	, ,	COUNTY	STATE
TTEN putel TOR: for us of He		226.1 certify that (1) saw the deceas					7 , 19 <u>82</u> d that in ( <b>XX</b> (aur) apinian	, ta <b>FEB</b> death accurred a	RUAR in the da	Y 27, 19 te and haur ar	83 nd fram the	hatXI) (we) last auses stated
AL OR A the hos AL DIRECTOR OF THE		226. SIGNATURE		_6_	+	(	DEGREE NO D , 1.	MEDICAL DIRECTOR	STAF	F	22c. DATE	28/82
TO HOSPITAL retained by the should be det with the State IMPORTANT:		D. PHYSICIAN SA	Luza		reinu	×		NAL INS	TITU	TES OF	HEALT 202	
0 de 0 de 1	23a.	BURIAL, CREMATION,		73h DATE	23c. N	AME OF CI	METERY OR CREMATORY	23d LOCATK	NC			
BP		Crematio	on '	3-1-83	3 L	ee's	Crematory	Was	shir	gton,	D.C.	STATE
DHMH - 16 50M 4/B2	24. F	UNERAL DIRECTOR	arsha	ll's Fu	neral	Home	25a DAT	E REC'D. BY REG	ISTRAR	SP REGISTRAL	R'S SIGNAT	JR6
(VRA 15 4)	1	4217 9th	St. N	W. Wash	ingto	n D	C MAI	3 198	33 2	to have	4. 100	nely



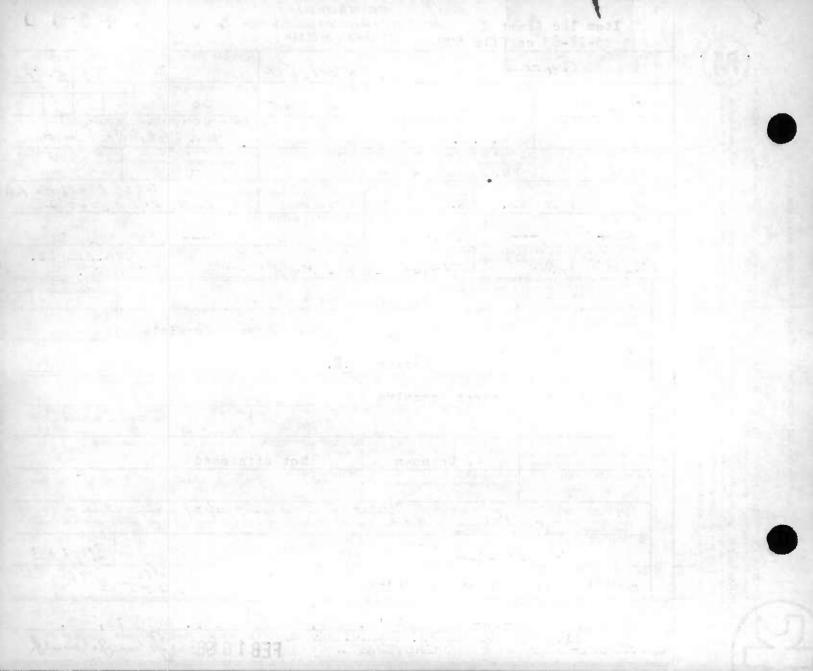
1- STATE Item 18c &Part 2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

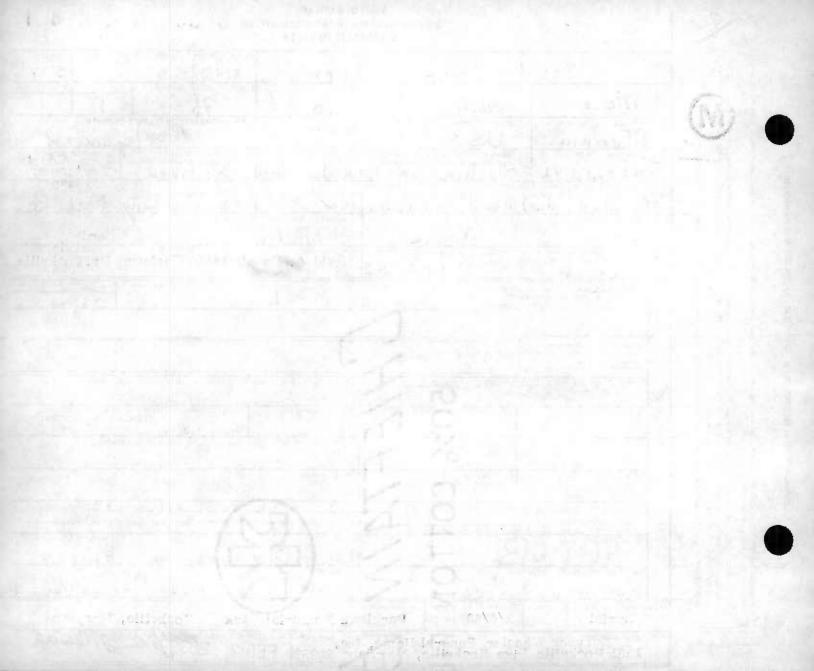
CERTIFICATE OF DEATH



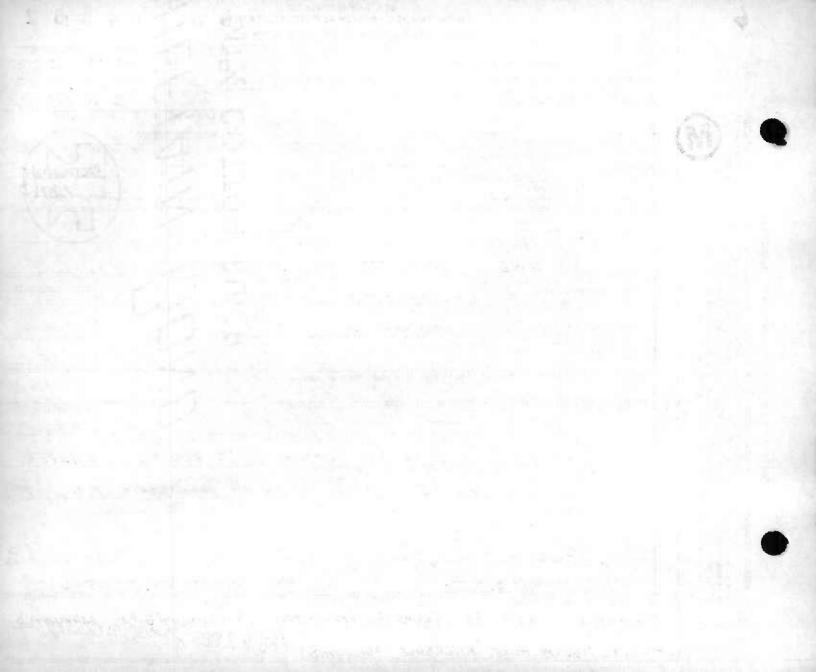
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	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Paginined by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	hin 2
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	HOSPITAL OR ATTENDING PHYSICIAN: The lained by the hospital or attending physician.
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1	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYGI RTIFICATE OF DEATH	REG. NO.	04001
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
(TYF	Davi	d Louis	Dennis	2283	5: 17 M
3. SI	× Mala	4. RACE 5. C	ATE OF BIRTH	6. AGE (IN YEARS PAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
12. 6	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	3 10 06	9. BALTIMORE CITY OF CO	YRS.
1/2	SIRTHPLACE (STATE OR FOREIGN COONTRY)	1100	ARRIED NEVER MARRIED	Mo	
10. 0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
11/	1acoma?k	Washing ton	Adventist Hosp	TYPE OF WORK FOR MOST OF WO	Montgomery
3 USL 130.	STATE 136 COUN	L. 0 44	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	20879 Mill. Rd.
14. F	ATHER'S NAME	AIDDLE LAST .	15. MOTHER'S MAIDEN NAM	MIDDLE	IAST
20	Louis	Dennis	Mattie		Gordy
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL SECURITY 219-03-12	. Desid A Des	nis 14109 Cast	Maryland taway Dr. Rockyille 20853
	IS CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b), and (c). BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	11-29 IMMEDIAT		OM TO AMO	NC	2 years
	10-1	DUE TO, OR AS A CONSEQUENCE	OF		
38	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? 200	EF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		YEAR	ED (ENTER NATURE OF INJURY IN I	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	211. LOCATION	CITY OR TOWN	COUNTY STATE
	22a.l certify that (1) (this haspit saw the deceased alive on abave, (1) (we) (did) (did not	al) attended the deceased from	, and that in (my) (our) apinion d	, to	nd hour and from the causes stated
	22b. SIGNATURE	Bun	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED  212183
1	22d. PHYSICIAN'S NAME (TYPE OF	BRACE	220. ADDRESS N 600 C AC	een Aus	TAKSMA PARKY V
230.	BURIAL, CREMATION, REMOVAL (SPEC Burial	23b. DATE 23c. NAME	of CEMETERY OR CREMATORY rklawn Memorial I	Park Rocky	ville, collaryland state
		heeler FuneralsHom Pike Rockville, Ma		REC'D. BY REGISTRAR 26	

STATE OF MARYLAND



	1-	FOR STATE REGISTRAR		ME		STATI MENT OF HI EXAMINE	EALTH		ENTAL H	-	-	REG.	0 4	8	8	2
S; S2 F;		CEASED NAME E OR PRINT)		A LILLIE	DINGE	S		LAST			20. DATE OF DEATH	KNOWN ESTI- MATED	A DED		YEAR 83	2b. HOUR 10:08 p. M
AGE 5 FOR YOUR FILES. FILES HIN 72 HOURS OF THE TOWN STREET,	3. SEX		4. RACE  CAUCASIAN	5. DATE OF BIRTH	924	6. AGE (IN YEAR LAST BIRTHDAY) 58 YRS	MONTH		IF UNDER	MIN	2c. DAT PRONOU DEA	NCED	MONTH Z	DAY	YEAR 1983	2d. HOUR
AN)	FO	RTHPLACE (ST. REIGN COUNTRY)		76. CITIZEN OF W		NTRY? 8		ED X NEV	VER MARR			MORE CIT	Y OR COU	NTY OF		445
SHOULD BE FILE ALRECORES	ID. CI	TY OR TOWN O		11. NAME OF HO	SPITAL, NU ACILITY, GIVE	IRSING HOME,	OR OTHE			12a USU FOR		JPATION ORKING LIFE)	(TYPE OF WOR	0	IND OF BL OR INDUST	RY
0 7 6	USUA Tão. S	L RESIDENCE	13b. COUNT	ROTHER INSTITUTION, C	13c. CITY		)	13d. INSIDE CI	ITY LIMITS?	13e STR	EET ADDR	ESS	STRE		20	110
20			L. BISHO	MIDDLE P		LAST			FRAN		HAMP'				LAST	Vett
2	16a. V	VAS DECEASED ES, NO, OR UNKNOW NO				CIAL SECURITY I		JOHN		NGES .	5023	60th		IUE,		
T, CREMANION, OR REMOVAL.	NO	gove rise couse (a) lying caus	as, if ony, which to immediate stating the <u>under-</u> se last.	DUE TO, OF	R AS A CO	AL ULCER  NSEQUENCE OF			N GIVEN IN PA	RT 1 · c·.						
21201 PRIOR TO BURIAL, C	CERTIFICATION	19a DATE OF	OPERATION ALL	21b. TIME O	-	WHICH OPERA		AS PERFOR		D CENTER!	NATURE OF IN	NJURY IN ITEM	A 18 PART 1 OR		AUTOPSY	? NO 🗆
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E, MARYLAND, 212		PARTY NAMED	y that I took charge	of the remains de	Andent	Suice	Autaps de .	Hamic TITLE (SI		Undet	Inquiry ermined m	nonner	and in my ], DAT SIG		114	183
TO CE 4 STOUD BE TO CE 1 TO CE	23a. Bl	EXAMINER'S I (TYPE OR PRIN JRIAL, CREMAT	NAME FRANC	CIS C. MA		NAME OF CEME					CONSI	N AVE	E.,BET	HEST		
	(5	PECIFY)  CREMAT  JNERAL DIRECT  NAME	ION F	68/21/83	C	EDAR HIL	0	EMATE		Su	OR TOWN	AR CAN	G-CO	S CH	ARYG	AUD
ME (5))	CH	AMBERS	FUNCTOR	HOME K	IVERL	ALE, M	mede	AVA	LCC	0 4 4	1000	9				



Washington D.C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

FOR - STATE

(VRA 15, 4)

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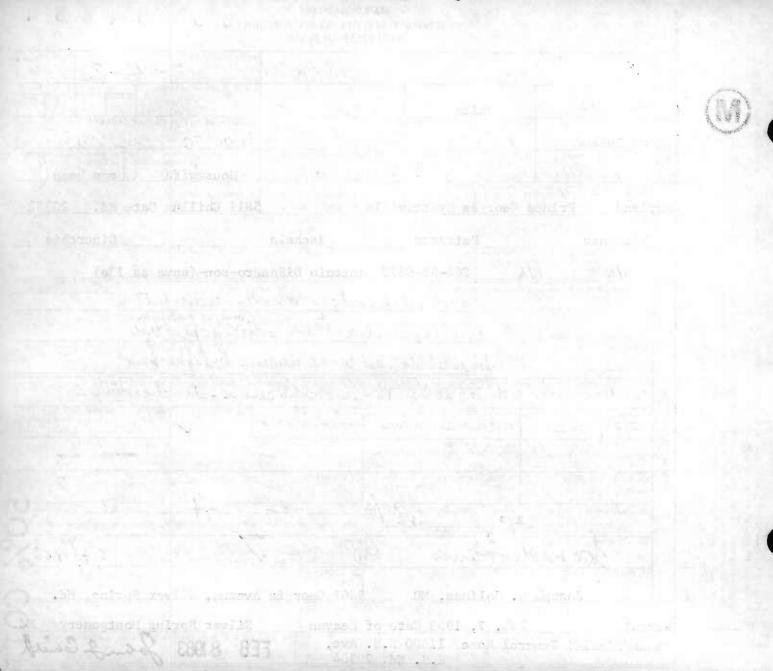
FOR

- STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1.	FOR			STA DEPARTMENT OF		MARYLAND H AND MEN	TAL HYGIE	NE .	a	64	3	8	5
	- STATE REGISTRAR		ME	DICAL EXAMIN	IER'S	CERTIFICA	TE OF DE	EATH	REG. NO	). •			
	DECEASED NAME			WIDDLE		LAST		20. DATE OF DEATH	KNOWN ESTI-	монтн		YEAR	Zb. HOUR
	SEX	Jeffr 4. RACE	5 DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD	ARS IF UI		UNDER 24 HR	S. 2c. DATE PRONOUN	ICED	MONTH	DAY	1983 YEAR	2d HOUR 3:14 P M
70	nale		Oct. 24		RS.	77.57		9. BALTIM	ORE CITY O	2 R COUN		1983 DEATH	рм
V	ashing		USA		WIDOV		ONORCED [		ontgom				MD.
) 10.	Bethes	da	Suburt	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Dan Hospita	1	HER INSTITUTION	FC	ISUAL OCCUP OR MOST OF WORL Ontrac	KING LIFE)	OF WORK	OR	ND OF BURNETE INDUSTR	RY
I IS	STATE Lryland		or other institution, GI ITY <b>gomery</b>	Bethesda		T3d. INSIDE CITY LI		TREET ADDRE		ay A	08/4 Ave.	4	
14	PATHER'S NAME Donal		ttberner	LAST		15. MOTHER'S FIRST Ursu		ME	IDDLE	Em	tman	LAST 1	
160	YES, NO, OR UNKNO	D EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	215 64 50	19 NO.	(wife		stance	ADDRESS Dit	tber	mer	#1	3
	gave ris cause (a) lying cau	ns, if any, which se to immediate stating the <u>under-</u> ise last.	(b)	Card I Omega AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF	SE OR CONDITION GIV	YEN IN PART 1 (a).						
	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPER	RATION V	VAS PERFORME	D?			3		AUTOPSY?	
- NAIL		AL CAUSE WAS		A. MONTH DAY YEA	21c. H	IOW INJURY OC	CCURRED (ENT	ER NATURE OF INJ	URY IN ITEM 18 P	PART 1 OR P.		res [X	NO [
	21d. INJURY C WHILE AT WORK	NOT WHILE C		DF INJURY (ATHORE TORY, FARM, ETC.)		STREET	12.78	CITY OR TO	WN	CC	OUNTY		STATE
4 V 10 US STATE OF THE STATE OF	depth must signature.	ty that Lack charge train NAME Th	roscover X	Addition   Company   Compa	Autor	Homeide TILE (SPEC A.D.Deputy	CIFY) Chief	Inquiry determined mo	onner ,			/14/8	3
23	TYPE OR PRI	TION REMOVALE		23c. NAME OF CE	METERY	ADDRESSOR CREMATORY	1234	LOCATION			UNTY		ATE
74	cremat:		eb. 15,1		Cre	matory	DATE REC'D	Washor By REGISTRA	ngton		.C.	MRE . A	1
-	NAME 474		Taltayul Ave. N	W. Wash.	D. C		FEB 1	8 1983	Jo a	~		acres.	

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MONTH 2b HOUR 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 9 BALTIMORÉ CITY OR COUNTY OF DEATH E KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORLD Administrator U.S. Gov't zip 20879 Mitchell AST IN IN ADDRESS with widespread metartusis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (per) opinion death accurred an the date and hour and fram the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 809 Viers Mill Rd., Rockville, Md. 20851 Virginia Cremation Feb. 8.1983 Metropolitan Crematory Alexandria 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, Rockville, Maryland

FEB 10883 Jung Chink

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO

7		CEASED NAME	FIRST		MIDDLE	U	AST		20. DATE OF	DEATH MONTH	DAY	YEAR	2b. HOUR
	(17PE	OR PRINT)	Anna		(NMI)	Dose	en		Febru	ary (	19	983	215PM
4	3. SEX	X		4. RACE		5. DATE O			6. AGE (INY	ARS LAST BIRTHDAY)		UNDER I YEAR	IF UNDER 24 HRS
	E	Temale		Caucas	Lan	March		.893		89.	rs.	NTHS DATS	HOURS MIN.
71		RTHPLACE (STATE	OR FOREIGN	75. CITIZEN OF	WHAT COUNTRY?	8. MARRIET	MARRIED NEVER MARRIED			RE CITY OR CO	UNTY O	FDEATH	SILVERY
		goslavia		United	States	WIDOWE		DIVORCED [	Mont	zomerv C	ount	ZV	MD.
AN	10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER IN	ISTITUTION		CCUPATION FOR MOST OF WORK	126. KIND OF BUSINESS OR INDUSTRY		
10		ckville			nonston D				Homema	ker		Но	me
1		AL RESIDENCE (# 1	NURSING HOME OF		GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIMITS?	13e. STREET	ADDRESS			4
0	Ma	ryland	Mont	gomery	Rockville		YESXX	NO 🗌		lmonston	Dri	ive	20851
1	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME	MIDDLE		145	1.5
51	30	Luke		WIDDE	Davich	7.00	N	landa			Not	Avail	
A		VAS DECEASED E			166 SOCIAL SECU	RITY NO.	17. INFOR/	MANT		ADDRESS		Same	
1	()	NO OR UNKNOWN	) (IF YES, GIV	E WAR OR DATES)	477-07-9	ו מ19	Cather	rine D	Hatter	Daught	er	Item	
1			EATH (Enter D	ly ppa cpyca gar			tucire:	Line D.	naccor	Баадаге			MATE INTERVAL
45	PART I, DEATH WAS CAUSED BY:  DAMADIATE CAUSE (a)  PART I, DEATH WAS CAUSED BY:  DAMADIATE CAUSE (a)											31	undler
		4409 DUE TO, OR AS A CONSEQUENCE OF RAME AND A CONSEQUENCE OF											
		770	-	DUE TO, O	R AS A CONSEQUE	NCE OF	BR	an/8	201/0/10	MIR		Int	willes
		Conditions, if	immediate	(b)_	OFTONK	( )	10/-/	1//0 -	11001	10016		1011	7 -0
		underlying co	ouse lost.	DUE TO B	REPLECIMINATION OF THE PROPERTY OF THE PROPERT	RAL	(20	S AN	TISAL	0.806/	28/5	yes	un
		PART 2 OTNER	NIFICANT	CONDITIONS C	ONTRIBUTING TO D	SEATH BUT	NOT PELAT	ED TO THE TERM	AINI AL DISEASI	OP CONDITIO	LCIVEN	LINI DA PT 1/1	5)
	NO	El	ellen	Noct	of and	The	Ste,	/	III TAL DISEASI	OK CONDINO	ONE		
-3	AT	190. DATE OF OPI	RATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PER	FORMED	20a AUTO			VERE FINDIN	
1	CERTIFICATION								YES []	NOIX	YES	NG CAUSES	OF DEATH?
0	CER	210. ACCIDENT WAS		21b. TIME C		V VEAD	21c. HOW	INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITE	M 18 PART	I OR PART 2)	
7	AL	OR CONTRIBUTING		AIH	.m. month da .m.	Y YEAR	100						
	MEDICAL	21d INJURY OCC		21e. PLACE	OF INJURY		21f. LOCA			6-TH- 00 TOH-HI		COUNTY	STATE
	X	WHILE D NO	T WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC )	STR			CITY OR TOWN		07	STATE
				ital) attended th	ne deceased from	8	10	19		16	. 19	83	that (1) (we) last
	- 60	sow the dec	eosed alive or	7-		3-2-, on	d that in (m	y) (ear) opinion	death occurre	d on the date on	d hour o	nd from the	couses stated
		27 SIGNATURE	et (did) treta no	t) view the body	offer deofh.	[	DEGREE					22c. DATE	SIGNED 7
	- 23	2000	26th	and mi			0	ATTENDING	MEDICAL	STAFF PHYSICIAN	February 83		
		THE SHYSICIAN	S NAME ITAME	56 PSH471		100	22e ADDR	44	DIRECTOR	I THI SICIAN [		Febru	
1				alsin M	D		50 tr	Edmone	ton Dr	ive R	ckw		Maryland

Robert A. Pumphrey Funeral Homes, Rockville, Maryland Robert A. Rockville, Maryland Robert A. Rockville, Maryland Robert Robert

February 8. 1983

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

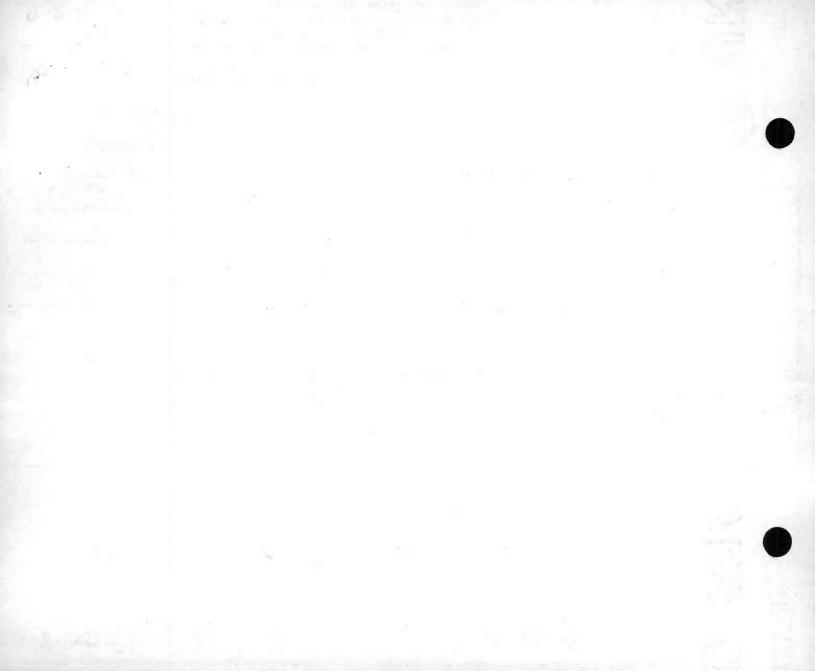
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P.A.,

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 4 8 9  CERTIFICATE OF DEATH  REG. NO.			
	DECEASED NAME FIRE	ROLL Francis	B DUVALL		1-83 8 AM	
35 3	Male Male	4. RACE White	5. DATE OF BIRTH NAT 30, 1888	6 AGE (IN YEARS LAST BIRTHDAY) 94 YRS	FUNDER 1 YEAR FUNDER 24 HRS	
M	BIRTHPLACE (STATE OR FOREIG COUNTRY) Maryland	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED M DIVORCED	9 BALTIMORE CITY OR COUNTY Montgomery	OF DEATH MD	
	Rockville	Randolph Hill	AGHOME OR OTHER INSTITUTION ADDRESS! S Nursing Home	12g USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE Displaying	VORKING LIFE) INDUSTRY	
34	Maryland Mo	ome or other institution, give residence before county 13t. CITY OR TOW Kensington	I 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 4017 Everett St	. 20895	
50		Vashington Duvall	15. MOTHER'S MAIDEN NA ROSALI	e A.	Price	
ioi, cremotion, or removal. or other traumatic event, the medical	(YES, NO OR UNKNOWN)  NO	S. ARMED FORCES? ES, GIVE WAR OR DATES)  166 SOCIAL SECUL 214–32–5		Garlock, Bethese	dgefield Rd. da, Md. 20814	
		ter only one couse per line (a), (b), of AUSED BY: EDIATE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if ony, which		ocarolial es	ufaret	48 hrs	
	cause (a), stating the underlying couse los	DUE TO, OR AS A CONSEQUE	ondry arlery	ducare	years	
in the second	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.					
21 is marked or Item 18 shows ony injur	190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO	
	00.000000000000000000000000000000000000	DE DEATH HOUR A.M. MONTH D.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18. P.	ART 1 OR PART 2)	
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY    AT HOME STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	saw the deceased ali	hospital) attended the deceased from	, 19, 19, 19, ond that in (my) (our) opinion	death accurred on the date and hour	19	
e e	226. SIGNATURE	0011.0	DEGREE		22c. DATE SIGNED	

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

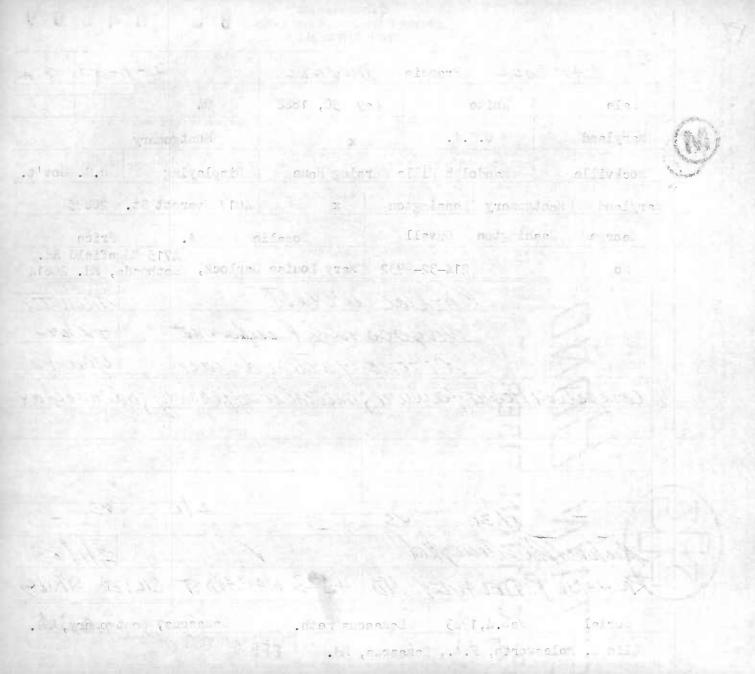
Feb. 4, 1983 Damascus Meth. 23d. LOCATION
CITY OR TOWN
Damascus Monte

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Offin L. Molesworth, P.A., ADD Damascus, Md.

23b. DATE

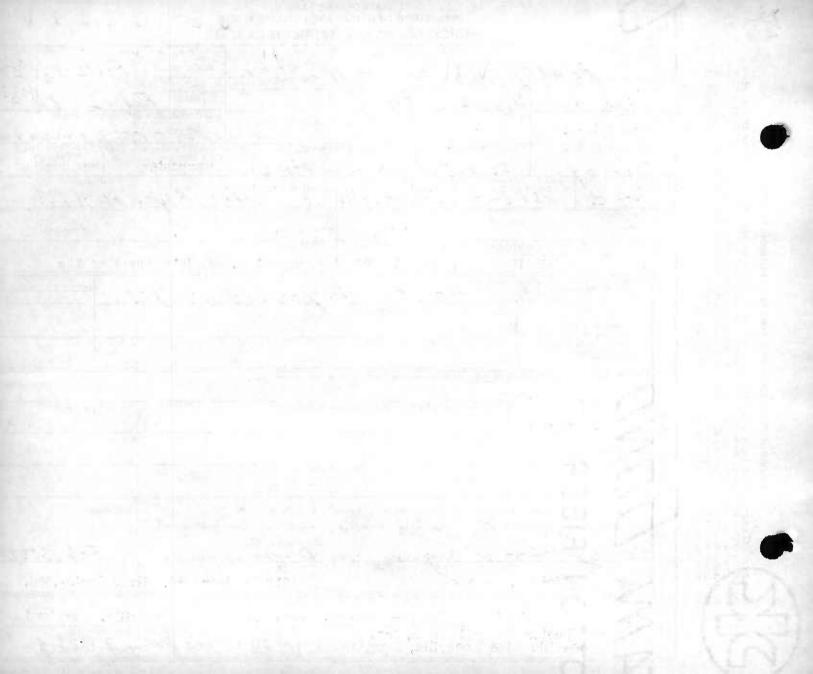
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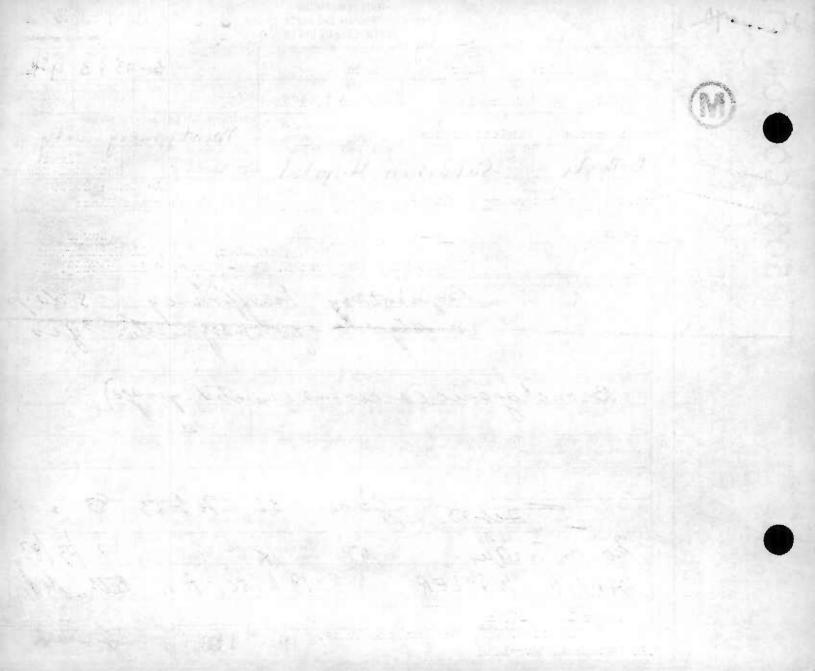


195-16	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 0	4890				
3 25		CEASED NAME FIRST OR PRINT) HARRY ER	RNEST EATON	LASŤ	FEBRUARY 1 1983	26. HOUR 9:08 P				
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R ATTENDIN hospital or a RECTOR: Aft and for use or pit. of Health em 21 is mon		220.   certify that (I) (this haspite saw the deceased alive a phore, (I) [we] (did not	<li>offended the deceased from</li>	JANUARY 24 , 19 83 83 , and that in (my) (our) opinion	deoth accurred an the date and haur	9_83, that (I) (we) last and from the couses stated				
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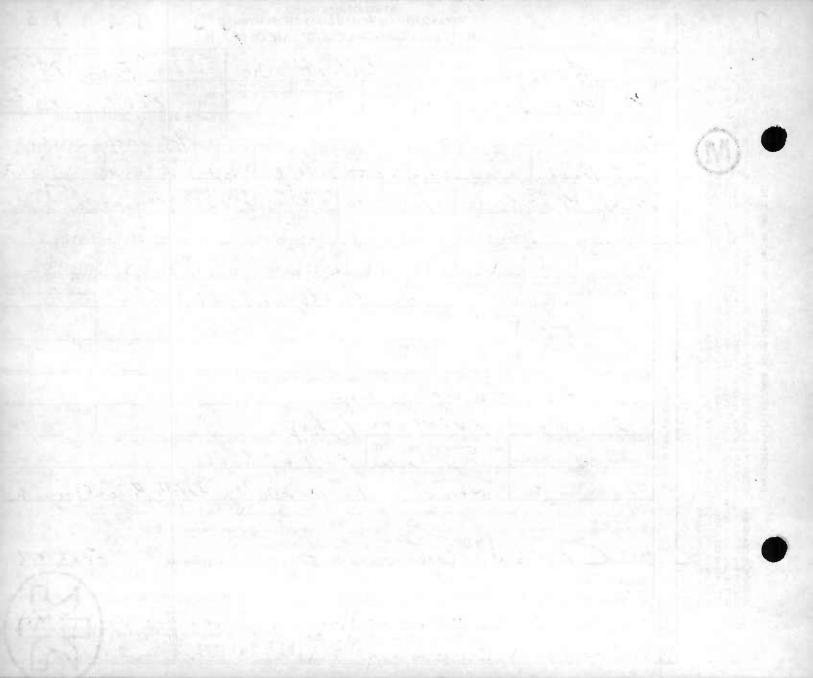
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		STATE OF MARYLAND	0 0 0
+	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 9 3
	100	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	I. DE	ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN COMONTI	H DAY YEAR 25 HOUR
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PILE PILE	3 SEX	X 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 24 HOUR
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\$ <del>2</del> \$ \$ \$ \$ \$	7a. B	SIRTHPLACE (STATEOR 75. CITIZEN OF WHAT COUNTRY? 18	
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2 A A B B B		Mid KinceGery of Hyattiville YES & NO 13/3/Marriana	c Vin April
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PAC ORA	16a. \	WAS DECEASED OVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, MO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DRITING THE WORD "PENDIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3E ROBD TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN 3E 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT, PAGES 1 AND 2 SHOULD TO DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL PROOPER.		Yes W.W! 579-267772 Blanche 1. Elliat	See 13E
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NE ROSE	1	22a. I certily that I took charge of the remains described above, held on Autapsy . Inspection Inquiry . , and in my	opinion
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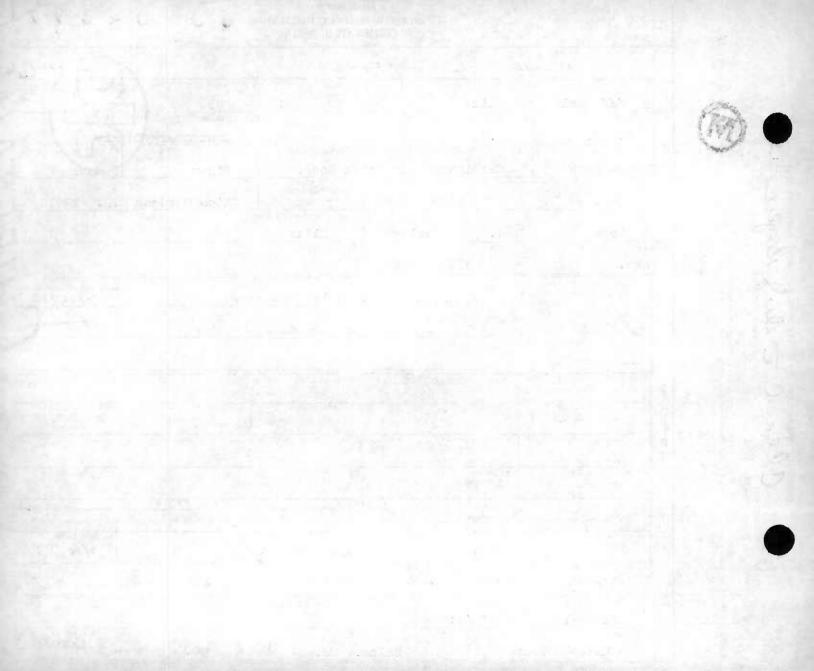
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Gartner Sandison F. H.

(VRA 15, 4)

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e 4 m	J. SE	^ Fém Male	White	5 19 OO,		MONTHS DAYS HOURS MIN.
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must be	13a.	AL RESIDENCE (IF NURSING HOME OR O STATE 13H COUNT Md.		OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Sligo Gardens	N.H. 20912
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ond co	1	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN)  (IF YES, GIVE Y	WAR OR DATES) 235-09-		ADDRESS	
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TAL OR ATTENDIN y the hospitol or the Assistance or the Assistance or the Ospitol		220. I certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE		9_1983, ond that in (my) (our) apinio	n death occurred on the date and hou	that (I) (we) lost or and from the couses stated  22c. DATE SIGNED  125/83
TO HOSPITAL TO FUNERAL should be det with the Store	11	22d. PHYSICIAN'S NAME (TYPEORI	EKAGUL M	22e ADDRESS	luipton Rd Bell	ting la me
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70		or town of DEA	ATH		CH FACILITY, GIVE	JRSING HOME ( STREET ADDRESS)  burban I			12a. USUAL OC	CUPATION OR MOST OF WORK IF	NG LIFE) 12b.	USTRY	usiness or eering
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51		FIRST		MIDDLE	Fla			nelia		AIDDLE	E	irst	
	16n \	Roy  VAS DECEASED EVER	IN IIS AD	MED FORCES?		SECURITY NO.	17. INFORMA			ADDRESS		Maryl	5nd
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9		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	117		DAY YEAR	21c. HOW II	VJURY OCCU	RRED (ENTER NATU	RE OF INJURY IN ITEM	4 18 PART 1 OR	PART 2)	
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		22a.1 certify that (1) sow the deceas above, (1) (world 22b. SIGNATURE	ed olive on	Dec	10,	11 1 11	nd that in (my	) ( opinior	deoth occurred	on the date and	hour and fr		
# # # # # # # # # # # # # # # # # # #		Wane	2	· Br	Q	M			MEDICAL DIRECTOR	STAFF PHYSICIAN		-13-8	
MPORTAN:		22d PHYSICIAN'S N		BRILL,	M.D.		2000		et N.W.,	Washir	ngton,	D.C.	
á	23a. I	BURIAL, CREMATION	REMOVAL	23b. DATE		23c. NAME OF	EMETERY OR	CREMATORY	23d. LOCATI	ON town	COUN	TY	STATE
		(SPECIFY)Burial		2-15-	-83		Hill Ce			tland,			
2		UNERAL DIRECTOR		72 11 7	ADD	2220	le, Md.		TE REC'D. BY REC	SISTRAR 251. RE	GISTRAR'S	SIGNATUR	E
	Da	anzansky-G	oldbe	rg Chape	els; îĭ	70 ROck	ville I	Pike FF	B 1 7 19	83	ing	- Calu	ul

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Rockville, Maryland

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DHMH - 16 50M 1/81 (VRA 15, 4)

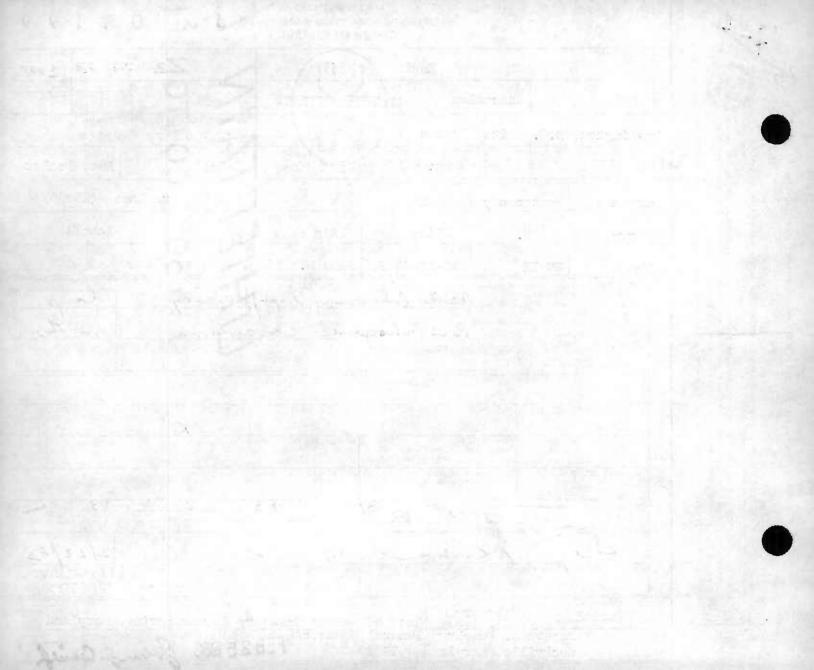
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

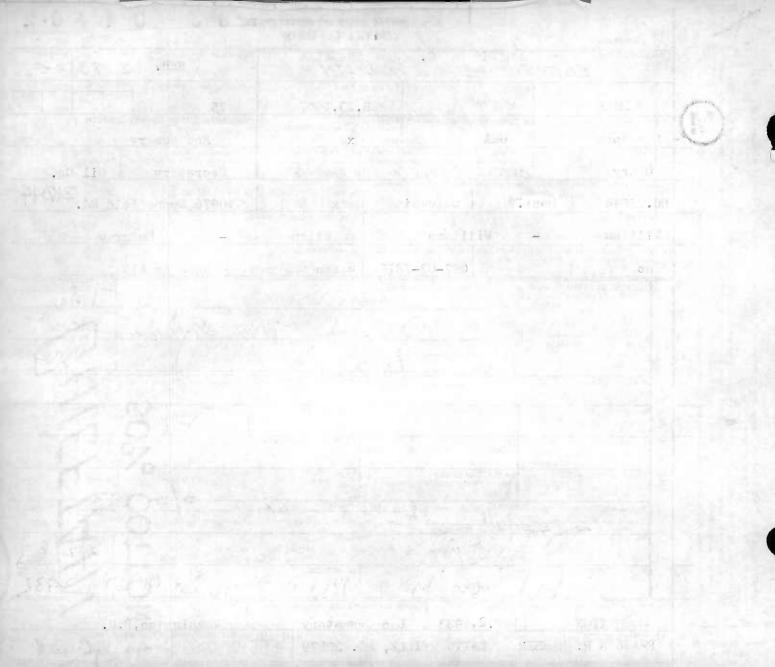
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7	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE & S	4902	
y be ige 3 eoth		CEASED NAME FIRST EDYT	EDYTHE	C.	FRAN	FRANKLIN	20. DATE OF DEATH MONTH	Z 83 3 20 A	
moy	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS	
4 9 9		FEMALE	WHITE		FEE	.23,1907 YEAR	75 YRS.	MONTHS DATS HOURS MIN.	
and Andread	100	RTHPLACE (STATE OR FOREIGN COUNTRY)  ew York	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY Montgomery		
by the fulled with		TY OR TOWN OF DEATH		CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION     TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS O	
filled in bround be fi	USU. 13a. S	AL RESIDENCE (IF NURSING HOME)			E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 10976 Swansfi	210144	
ompletely and 2 st		THER'S NAME  illiam	- Wi.	lliams		15. MOTHER'S MAIDEN N. FIRST Ellen	- Mul	grew	
Pages 1	(	VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECTION 16b. S		Susan Chapma	an Same as #1	3	
equires that the death certific in signed by the attending phy. Then please remove carbon port to burial, cremation, or remoiniury, or other traumotic even injury, or other traumotic even	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) DUE TO, C	OR AS A CONSEQUE	EKE SE	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART I (a	
The low retion.	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NOT YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO	
DING PHYSICIAN: The act attending physicion affer this certificate to so the burial-transit oith and Mental Hygie marked or them 18 sho	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A	M. MONTH D.M. OF INJURY BEST, FACTORS, OFFICE,	19	216. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	COUNTY STATE	
At OR ATTENUTHE hospital At DIRECTOR: etached for us te Dept. of them 21 is it		22a.1 certify that (1) (this hospital) attended from							
TO HOSPITAL retoined by the TO FUNERAL should be detived by the Store with the Store MPORTANT:	23n	22d. PHYSIC PAN'S NAME ITY	1.1.	M W	NAME OF C	ADDRESS PYTON AND AND AND AND AND AND AND AND AND AN	Phily Dr Olu	4 mg 59635	
BP		CREMATION	FEB.2			rematory	Washington.	COUNTY STATE	
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR FRANCIS H. BAR		AYTONS VII	35,77	250. DA	TE REC'D. BY REGISTRATION EGES		



Rockville, Maryland

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STATE OF MARYLAND

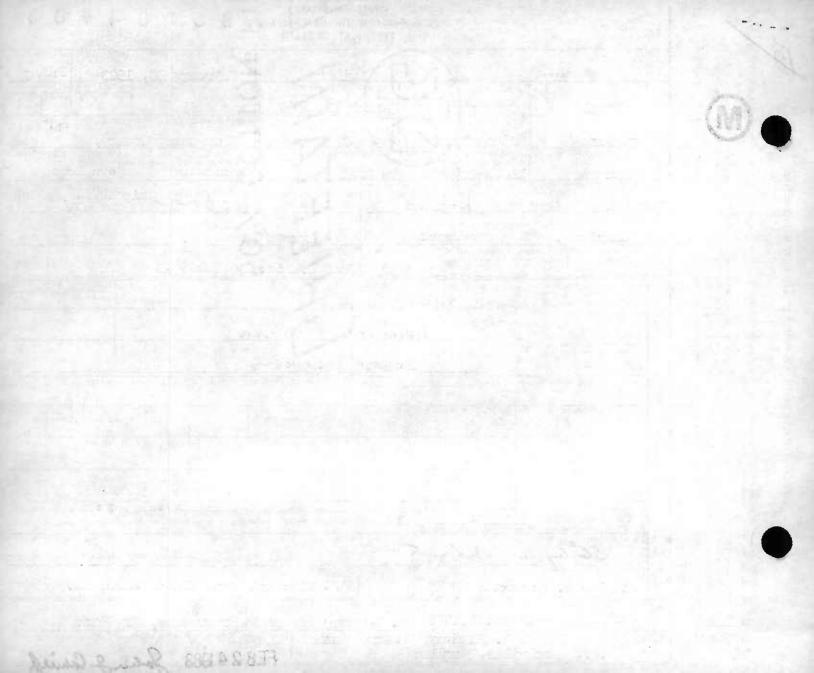
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

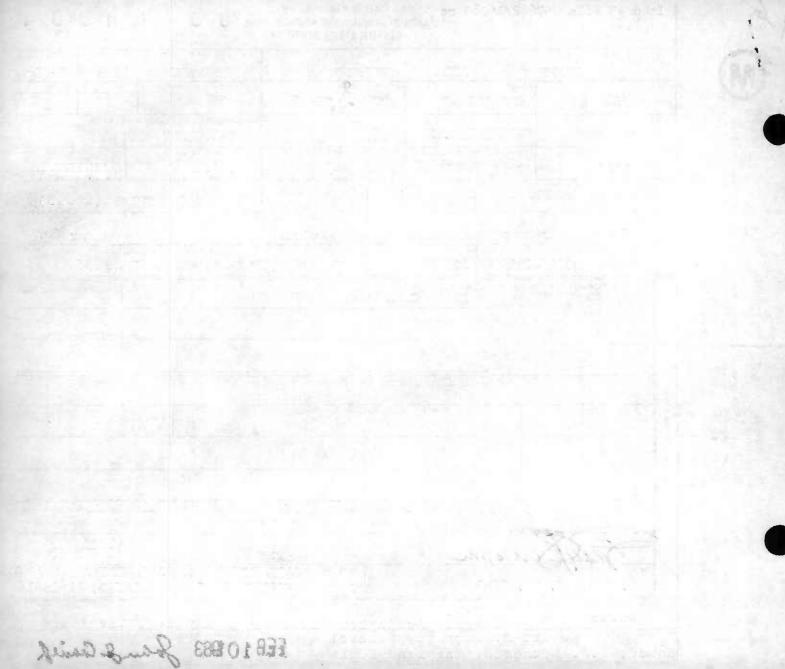
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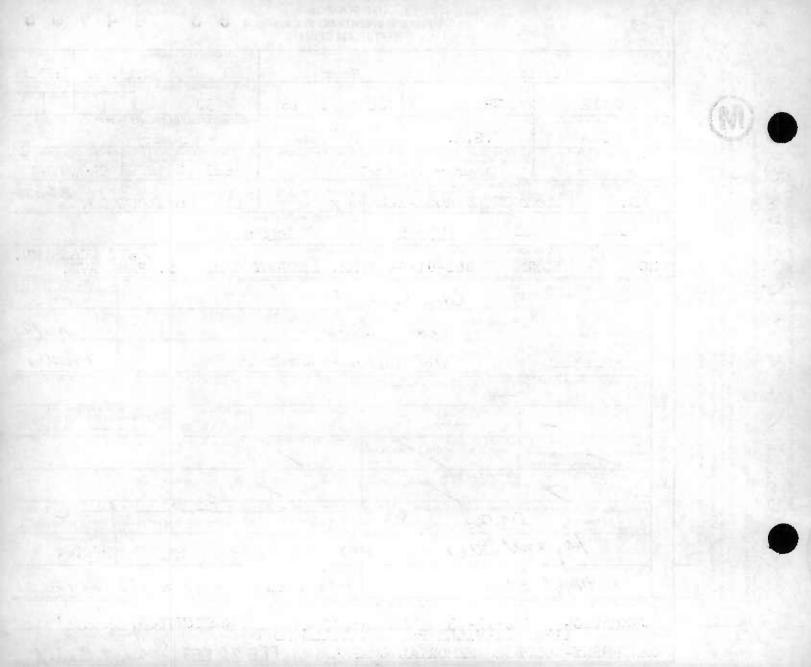


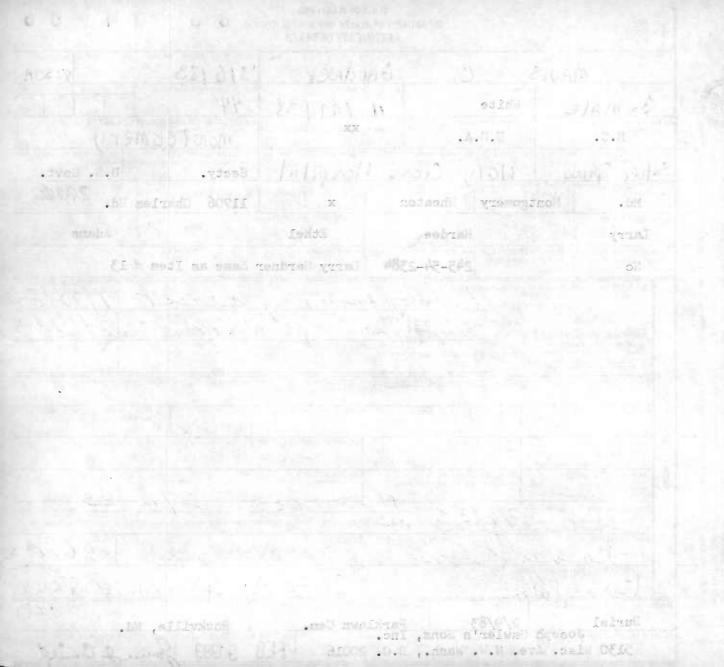
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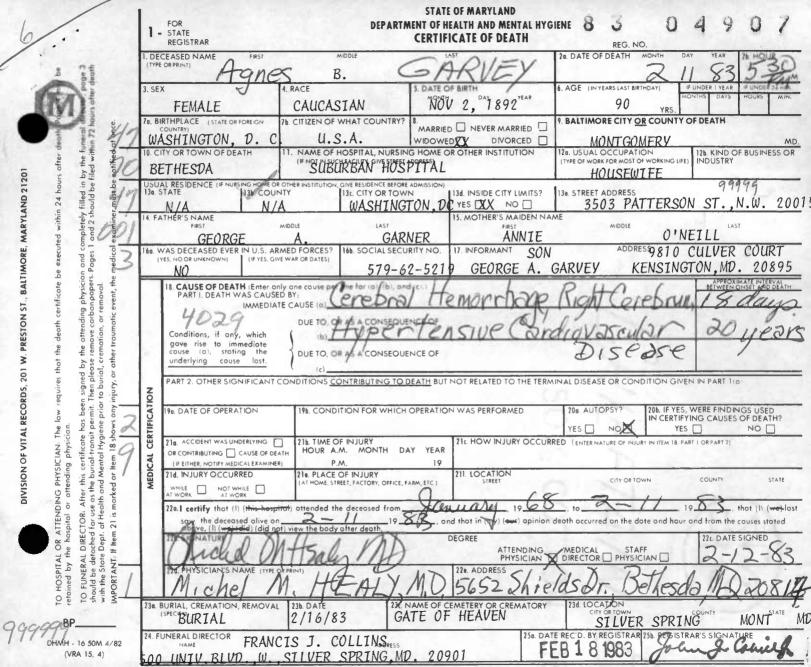
	tem #5 Fil FOR STATE REGISTRAR	Lm G576	5 2/16/		MENT OF H	E OF MARYLAND HEALTH AND MENTA FICATE OF DEATH			0	4 9	0 4
	CEASED NAME	FIRST		MIDDLE		LAST		REG. N		DAY YEAR	Zb HOUR
TYPE	OR PRINT)	ILMER		EARL	GAT.	LAHER		FEBRUAR	1983	7:03pm	
. SE			4 RACE		5. DATE O			AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	2-1	CAUCAS	SIAN	MA	Y 2, 1907	AR	75	YRS.	MONTHS DAYS	HOURS MIN.
e. Bl	RTHPLACE (STATE OF DELEWARE	FOREIGN	UNITED	WHAT COUNTRY?	MARRIE WIDOWE	DEVER MARRIE	D L	MONTGOME		OUNTY	MD.
	SETHESDA		NAVAL H	H FACILITY, GIVE STREET	NG HOME (	OR OTHER INSTITUTIO		170 USUAL OCCUPAT (TYPECT WORK FOR MOST OF			NAVY
30. 5	AL RESIDENCE (IF NUR STATE MARYLAND	13b COUN		GIVE RESIDENCE BEFORE  134 CITY OR TOW  KENSINGI		13d. INSIDE CITY LIM YES NO		5205 BANG	OR DR		
	THER'S NAME William		ert (	allahei	r	15. MOTHER'S MAID  FIRST  Juli		E		Car	r
	VAS DECEASED EVER (ES. NO OR UNKNOWN)	1926-		221-26-		Caro GAL	LAHE	5205 BAN R KENSINGI			5
ION	PART 2. OTHER SIG	VAS CAUSED IMMEDIATE  I, which mediate ng the e lost.	DUE TO, OI  DUE TO, OI  (c)	SMALL C	ETT TI	UNG CANCER		nal Disease or con	DITION GIV		IMATE INTERVAL ONSET AND DEATH
TIFICAL	190 DATE OF OPERA	TION	19b CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED		200 AUTOPSY?	S, WERE FINDIN FYING CAUSES	OF DEATH?	
CAL CERT	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY C	OCCURRE	D (ENTERNATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2]	
MED	21d INJURY OCCUR	HILE 🗍	21e PLACE (	OF INJURY BET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET		CITY OR TO	)WN	COUNTY	STATE
	22a. I certify that (I sow the deceos above; (I) (we)	) (this hospite sed olive on	4 FEBRU	ARY 198	7	RUARY 19_ nd that in (my) (our) o	83 pinion de	to 4 FEBRU			that (I) (we) lost couses stated
	IGNATURE	K	W LT	nc_		MD ATTEND	ING XX	MEDICAL STA	FF CIAN [	5 FE	
	R. SEN,	The state of the s				NATIONAL	VAL I	HOSPITAL, TAL REGION	NAVAL		
(	URIAL, CREMATION SPECIFE Burial INERAL DIRECTOR		10, 1	983 A	rling	ton Nati	ona	23d LOCATION CITY OR TOWN  Arling REC'D BY REGISTRAR	gton,	COUNTY	nia
	mes, P.A			umphrey Maryla			FEB	4 6 4000	Joan	J. G	wif

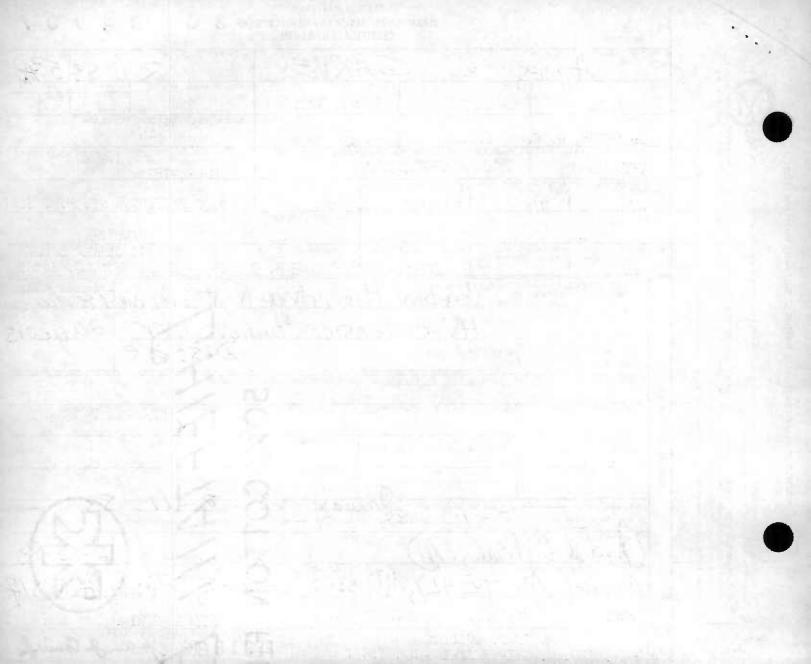


2	1	1.	FOR - STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLA EALTH AND I	MENTAL HYGI		G. NO.	49	0 5
			CEASED NAME	FIRST		MIDDLE	ı	AST		2a. DATE OF DEA		DAY YEAR	26. HOUR
. >	deort			Guss				Gans			2.	16.83.	4:55 AA
1 1 1	-	3. SE			4. RACE	rmm	5. DATE C			6. AGE (IN YEARS L	AST BIRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS.
- 3	(RA)	7- 0	FEMALE ISTATE OF		WH			LY ŽĨ	1 892	90	YRS.		
George La			RUSSIA		U.S	S.A.	MARRIEI	D NEVER A	VORCED		tgomery	7	ME
201	The state of the s		Bethesda		(IF NOT IN SU Su	HOSPITAL, NUR JCH FACILITY, GIVE STR burban H	REET ADDRESS) Hospita:		TITUTION	DRESS	OST OF WORKING	LIFE) INDUSTRY	THING
MARYLAND 2120	1135	13a.	AL RESIDENCE (IF NURS STATE MD .	13b. COUN MON	TGOME	N. GIVE RESIDENCE BE 131. CITY OR TO RY ROCK	FORE ADMISSION) OWN VILLE	136. INSIDE C	ITY LIMITS?	130. STREET ADDR 6121	MONTRO	SE RD.	20852
MARYL.	completely 1 and 2 sh	14. F	ATHER'S NAME FIRST	-	WIDDLE	LEFF	ER	15. MOTHER'S	FIRST UNKN	MID	DLE	LA.	ST
ALTIMORE,	S. Poges 1		WAS DECEASED EVER	NON	MED FORCES? (E WAR OR DATES)	16b. SOCIAL SE 062-01		MR. S	TANLEY		S. P	EVY CH ARK AV	ASE MD
B 22 6	physicic on poperi emovol.		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or 'AS CAUSE IMMEDIA)	nly one couse pe DBY: TE CAUSE (0)	Card	and ici.)	ext					MINUTES
PRESTON ST CALL he death cert	attending ove corbo tion, ar ri		4269 Conditions, if only,	which		OR AS A CONSECUTION	QUENCE OF	Rock				2	monke
W. PR	ed by the coleose remo		gove rise to immocouse (a), statin underlying couse	g the	DUE TO, C	OR AS A CONSE	PUENCE OF MUNICH	oning	Pace Man	ler		2	hous
RDS, 20	n signed Then ple to burio injury, or	NO	PART 2. OTHER SIGN	NIFICANT (	CONDITIONS	ONTRIBUTING 1	FO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION G	IVEN IN PART 1	0'
AL RECO	hos been t permit.	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONE	DITION FOR WHI	ICH OPERATIO	WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI	
OF VIT	g physici old-tronsi ntal Hyg em 18 sh		210. ACCIDENT WAS UNCOR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEA	TH HOUR A	OF INJURY	DAY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE C	F INJURY IN ITEM 1B	PART 1 OR PART 2)	
VISION LLA	ortending er this co s the burn ond Me	MEDICAL	216. INJURY OCCUR	RED	21e. PLACE	OF INJURY		211. LOCATIO	ON	CITY	OR TOWN	COUNTY	STATE
TENDIN TENDIN	ortol or or TOR: After the of Health		220. I certify that (I) sow the decease above, (I) (we) (c	(this hospi	2.00 00.00		173	d that in (my)	, 19 <u>83</u> (our) opinion d	to 793	he date and ha	ur and Irom the	that (I) (we) lost
AL OR AI	the hasp at DIREC etoched te Dept.		22b. SIGNATURE	M	nd Bi	W otter death.		PEGREE 40	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	2/2 DATE	
HOSPITA			226. PHYSICIAN'S NA	ANE (TYPE O	BASS			22e. ADDRES				70 20	
5	M shot	23 a. l	BURIAL, CREMATION,	REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR O	CREMATORY	23d. LOCATION	1		
	BP		CREMATIO		2-17		LEE CH			WASH:	ENGTON		STATE
DHM	AH - 16 50M 4/82			1170			K. ROC			REC'D. BY REGIS		STRAR'S SIGNA	URE
	(VRA 15 4)		)ANŽANSKY	-GOT.	DRERC	MEMORT	AT CHA	PETC	FE	0 0 100	2 1 /4 /	0 1	



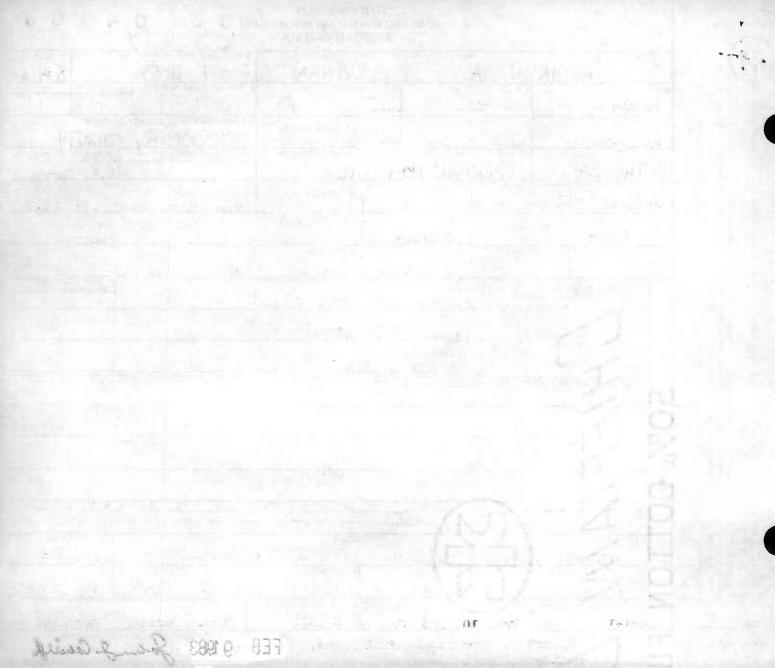






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Rethesda Maryland



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1-	STATE REGISTRAR					EXAMI				OF DEA	TH S	· REG	NO.	-	7	J	1
	ECEASED NAM	E FIRST			MIDDLE		M	LAST			2a DATE OF	KNOWN ESTI-	1XX w	ONTH	DAY	YEAR	2b. HOUR
1	TE OR PRINTIP	Patr	ricia		A.		Gave	+++			DEATH	MATED		2	17 19	83	м
3 SE		4. RACE		E OF BIRTH	YEAR	6. AGE (IN		NDER 1 YR.	IF UNDER	R 24 HRS.	2c. DATE	NCED	MÓ	HTM	DAY	YEAR	24 HOUR 9:45
-	emale	White		y 28,			YRS.				DEAG			2	17 19		а. м
/o. E	SIRTHPLACE (S OREIGN COUNTRY) V1SCONS:	TATE OR	US	ZEN OF WI	HAT COUP	NTRY?		NED N	EVER MARE		9. BALTIA	nt gon	_				
	ITY OR TOWN			ME OF HOS			AE, OR OTI			12a. USI	JAL OCCU	PATION	(TYPE OF W	VORK 1	26. KIND	OF BUS	
	Betheso		S	uburb	an Ho	spita					utiv			•r	of L	obby	ing
	AL RESIDENCE STATE	(IF IN NURSING HOME	OR OTHER I	NSTITUTION, GI	13c. CITY	OR TOWN	SION)	13d. INSIDE	CITY LIMITS?	13e, STR	EET ADDR	ESS		1100		916	
	Md.		tgome	ry	Be	ethesd	a	YES X			01 R1	ver	Rd.	#60	2		
W	ATHER'S NAM	Demmer	MIDDLE			LAST		IS. MOTH	HER'S MAID FIRST Lester	Mera	ale '	AIDDLE			LAS	ST	
16a.		D EVER IN U.S. AR	RMED FO	RCES?		CIAL SECUR		17. INFOR	RMANTBe	these	la,Md	. 20	316				
,	No	None	E WAR OR D	AICS)	387-	30- 48	53	Geof	frey	Gavet	tt-so	n 51	91 R	ive	r Rd	•	
	18 CAUSE C	F DEATH (Enter or	nly one co								340				BETWEE	OXIMATE N ONSET	AND DEATH
	88	SO IMMEDIA	ATE CAUS	DUE TO, OR		nary E									-		
2		ns, if any, which				red I											
	couse (o	se to immediate ) stating the <u>under</u>		DUE TO, OR													
	lying car			(c)									111				
7	PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUT	TING TO DEATH	BUT NOT REL	ATEO TO THE TE	RMINAL DISEA	SE OR CONDITI	ON GIVEN IN P	ART 1 (a).							
OLL	19a DATE OF	OPERATION		19b. CONDII	TION FOR	WHICH OP	ERATION V	VAS PEREO	PMED?						T20 ALL	TOPSY?	
IFICA																s XX	NO 🗆
CERTIFICATION		AL CAUSE WAS		216 TIME OF		DAY YE		OW INJUR	RY OCCURR	ED (ENTER	NATURE OF IN	JURY IN ITE	M 18 PART 1	OR PAR		AAI	
CAL	CONTRIBUTI	NG CAUSE OF		? P.M	. ?	19	fe		side	walk							
MEDICAL	21d INJURY (		- 1	21e PLACE ( STREET, FACT	TORY, FARM, I			OCATION STREET			CITY OR TO	)WN		COU	NTY		STATE
-	AT WORK	AT WORK	X		?			?									
	22a. I cert	fy that I took char	ge of the	remains des			Auta	XX yzc	Inspectio	an .	Inquiry		ond in	ту орг	nion		
	death result	ed fraging Natu	ural cause	s U	Accident	XXI.	Sujtide _	-	nicide,	Undet	ermined m	anner					
	ACTUAL	XVIII	1110	110	the	, 101	MI		(SPECIFY)	†	10.11.			DATE	2-	18-8	3
	SIGNATURE		0000	VX	111	910	- Jun	(b		MED	ICAL EXA		S	GNE	)		
-	EXAMINER'S (TYPE OR PRI	NAME DE	ennis	F. S				ADDRESS.			n St	reet					
	(SPECIFY)	TION, REMOVAL				NAME OF C			TORY	CITY	OR TOWN		n a	COUN	Č	ST	TE .
24	Cremati FUNERAL DIREC	On	2-1	8-83	L	ee's (	rema	tory	25a. DATE	REC'D. RA	ashin	AR LOS	بالمتحاثات	f	GNATUI	iel f	
L	ee Fune	ral Home	300	-4th	St.N.	E. Was	sh.D.	2. 200	002FE	B 2	D 1983	0		0		-	
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Bethesan, in 2001

Bethesan, in 2001

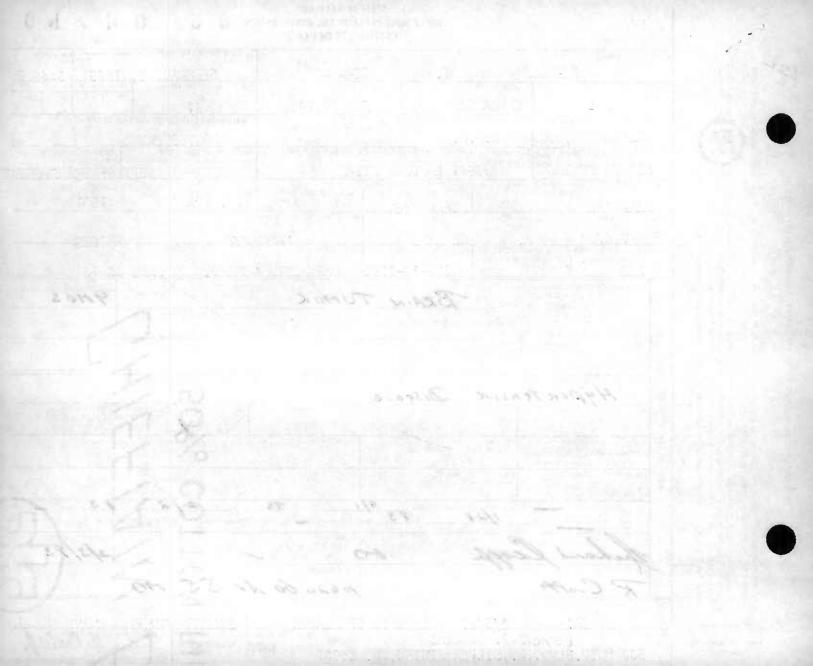
Bethesan, in 2001

Lone 337-30-403 deofire, Gavett-son 5101 River Mo.

Greatica 2-13-63 Lee's Greater and medianten, 3.3. 2002

lee Funeral lone 3 (-4th Et. R. R. R. 28h. D. 2002

	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 0	4910
W		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
124 8 25	( I YP	FRANCI	S 1.	GERARDI	FEBRUARY 2.	1983 3:45 PM
7 0 00	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 900	/	MALE	CAUCASIAN	JAN 19,1922	61 YRS.	
			76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
THE STATE OF THE S		WASHINGTON, D.C.	u.s.A.	WIDOWED DIVORCED	MONTGOMERY	MD.
10 and 10		SILVER SPRING	(IF NOT IN SUCH FACILITY, GIVE STREET 3901 LANTE	IG HOME OR OTHER INSTITUTION ADDRESS) RN DRIVE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF PRINTER DEP	12b. KIND OF BUSINESS OR INDUSTRY TOF TRANSPORTAT
ND 212	USU 13a.	AL RESIDENCE IN NURSING HOME OR STATE 138 COUNTY SUS	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 134. CITY OR TOW SEX OCFAN VI	1 C	P.O. BOX 276	19970
XIII	34. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
MAR mple and		VICTOR	A. GFRARDI	FIRST MAP (	SARET	RHODES
- 0 - 1		VAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS	KHUVES
BALTIMORE, cote be executed to apers. Pages wol.		YES :/		-1752 MARY ETTA	GERARDI SAME	AS 13 WIFE  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death certified by the attending p please remave corban urial, cremation, or rem		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUIDED TO, OR AS A CONSEQUIDED TO, OR AS A CONSEQUIDED TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION THE CONTRIBUTION THE CONTRIBUTION THE CONTRIBUTION THE CONTRIBUTION THE CONTRIBUTION THE CONTRI	ENCE OF	minal disease or condition giv	YEN IN PART 110
RDS,	N O	11 -	3	aje	(7) N	
L RECO	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
N OF VITAL RE SICIAN: The le ng physician. viol-transit peos rich-transit peos rental Hygiene frem 18 stows	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.		RED (ENTER NATURE OF INJURY IN ITEM 18 1	PART I OR PART 2)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir ottending physicion.  After this certificate has been signs the buriol-transit permit. Then the and Mental Hygiene prior to be orked or then 18 shows ony injury.	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	211. LOCATION	CITY OR TOWN	COUNTY STATE
E Se P		220.1 certify that (I) (this hospi		9/1 19_76 P3_, and that in (my) (our) apinion	to 2/2	19, that (h) (we) lost or and from the couses stated
O P P P P P P P P P P P P P P P P P P P		Spekar &	t) view the body after death.		MEDICAL STAFF DIRECTOR PHYSICIAN	2/3/P3
TO HOSPITAL retained by the TO FUNERAL should be deto with the Stote IMPORTANT.	1	R. C.OFF		10620 Ga.		
0 0 0 5 5 5 <del>1</del>	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
19999 BP		BURIAL	2/5/83	GATE OF HEAVEN	STLVER SPRING	MONT MD.
DHMH - 16 50M 4/82	24. 1		is J. Collinspress	40.0	TE REC'D. BY REGISTRAR 256, AFF 15	we Cabull
(VRA 15, 4)		500 UNIV. BLVD.	.W. SILVER SPRIM	IG.MD. 20901	ED (1902)	

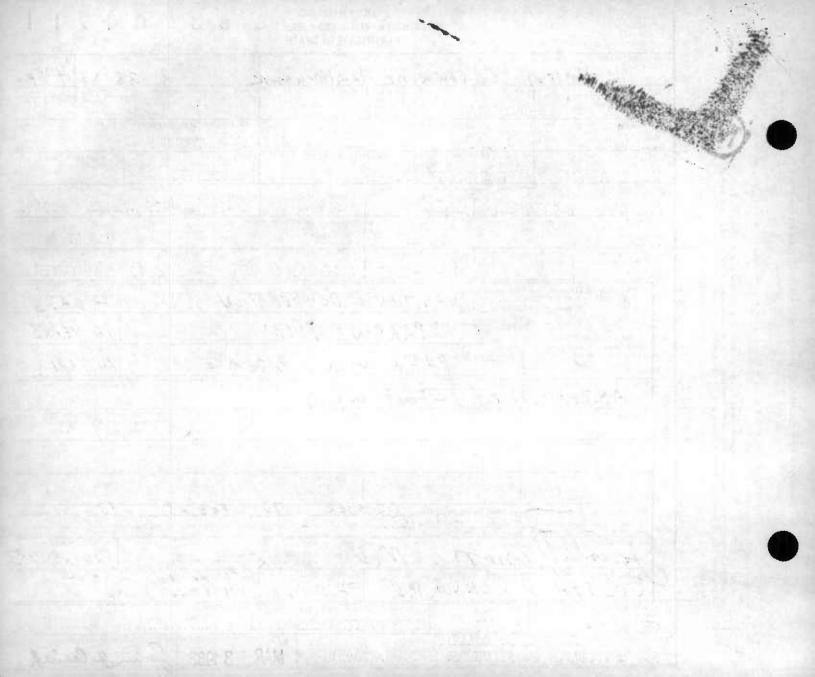


CERTIFICATE OF DEATH

PARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



/		1.	FOR STATE			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 3	0	4 9	12
			REGISTRAR CEASED NAME	FIRST		WIDDLE	O .	AST AST	2a. DATE OF DEAT	G. NO.		2b. HOUR
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e be		_	NO I			579-50-		THOMAS C. GE	RHOLD	OLNEY, 1		
ficot ohysic	emoval.		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSE	BY:	AAT AG	D A	E REGILT	LUNG		BETWEEN ON	ATE INTERVAL ISET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician.  After this certificate has been signed by the attending physician and completely filled in by	ows ony ir	CERTIFICATION	19a DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
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BP		24 FL	CREMATION INERAL DIRECTOR	**** * * * * * * * * * * * * * * * * *	1 2/14/		TROPO	LITAN CREMATO	RV ALEX	ANDRIA	VIRO	GINIA
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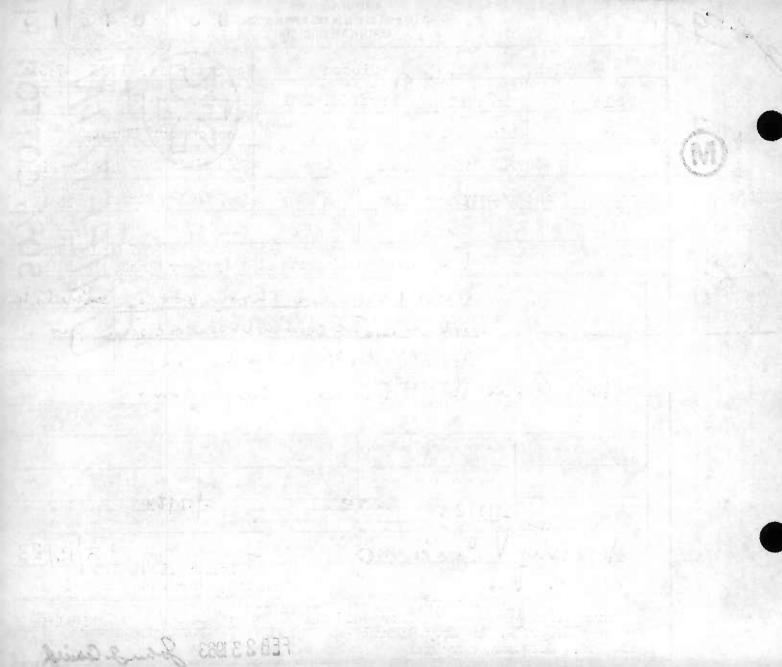
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	1.	FOR STATE REGISTRAR	DEPAR		LTH AND MENTAL HY ATE OF DEATH		REG. NO.		1 9
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y be	(TYPE	Thom	AS VICTOR (	SERH	OLD		2	2 83	5 MPM
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N. T.	CER			DAY YEAR	No. HOW INJURY OCCU	RED (ENTER NATUR	E OF INJURY IN ITEM 18	PART 1 OR PART 2)	100
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offer the state of	2	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, PARM, EIC			1	02	Ne.
or se o se o eolith		22s.1 certify that (1) This hasp	oital) attended the deceased from	-11	19 19	1. to 2	12	. 19	ngt (I) () e) last
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rat OR ATTE y the hospito tal DIRECTO detoched for ote Dept. of h		sbave (1) Twe (did ) did n	the he down death.			/MEDICAL _	STAFF PHYSICIAN		1
HOSPITAL OR ATTE		sbave (1) Twe (did ) did n	When he had bur death.		GREE ALL WENDING	/MEDICAL	STAFF		1
TO HOSPITAL OR ATTEREDING by the hospiton TO FUNERAL DIRECTO should be detached for with the State Dept. of P	230. 1	276. SIGNATURE  276. SIGNATURE  276. SHYSICIAN'S NAME (TYPE)  BURIAL, CREMATION, REMOVAL	OR PRINCIPAL OR PR	ail!	GREE ALL WENDING	/MEDICAL	STAFF		1
TO HOSPITAL OR ATTER retained by the hospital TO FUNERAL DIRECTIO should be detached for with the State Dept. of I MAPORTANT: if hem 21		Obove (III) de did no 276. SIGNATURE (1992)  224. RHYSICIAN'S NAME (1992)  BURIAL, CREMATION, REMOVAL (SPECIFY)	OR PRINCIPLE 23b. DATE 23	ER, MI	GREE ATTENDING PHISICIAN PHISICIAN ACTOR OF CREMATORY	MEDICAL DIRECTOR D	STAFF PHYSICIAN D	22C. DATE	10 2090 STATE
	CR	276. SIGNATURE  276. SIGNATURE  276. SHYSICIAN'S NAME (TYPE)  BURIAL, CREMATION, REMOVAL	OR PRINCIPLE 23 DATE 2/4/83 Mil	ER, MI	ACTERY OR CREMATORY	MEDICAL DIRECTOR D	STAFF	222. DATE:	10 2090 STATE
	DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aftig gleath. Page 4 may be or other daily physician.  After this certificate has been signed by the attending physician and completely filled in by the ector, page 3 se as the burial-transit permit. Then please remove carbonapaets. Pages 1 and 2 should be filled and Mendal Hygiene prior to burial, cremation, or removal.  marked or Item 18 shows any injury, or other traumatic event, the medical examine must be notified.	AN: The law requires that the death certificate be executed within 24 hours offee death. Page 4 may be hysician.  Fical has been signed by the attending physician and campletely filled in by the catar, page 3 transit permit. Then please remove carbonopapers. Pages 1 and 2 should be filled  18 shows any injury, or other traumatic event, the medical examine must be notified and cample	The part in death in the death continuing physician of the part of t	The physical property of the physical property of the physical property of the physical physi	The property of the property o	DECEASED NAME   FREST   MODILE   LAST	1. DECEASED NAME   Past   ADDIES   AD ATE OF DIE   AD ATE OF D	1. DECEASED NAME  1. DECEASED	DECEASED NAME  IDECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DOMONTH (TYPE OR PRINT) OF ESTI-SEX AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD 7a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED D BE FILED, W FDS, 201 W. P WIDOWED DIVORCED Montgomery TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Housewife own home USUAL RESIDENCE HEINNUR OR OTHER INSTITUTION, GIVE RESIDENCE 20904 130. STATE MD. 2120 T3d. INSIDE CITY HANTS? YES [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST BALTIMORE, Goldberg ARMED FORCES? 14b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS LYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) N/A N/A 579-48-9402 Robert H. Gibbon-husband-(same as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY vardore DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (#) CERTIFICATION E DEPARTMENT OF HEAD OF THE PROPERTY OF THE PR 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO D FORWARDED TO THE COR. PAGE 3 SHOULD BE 21e EXTERNAL CAUSE WAS TIME OF INJURY
HOUR A.M. MONTH DAY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED AT WORK NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201 220 I certify that I taak charge of the remains described above, held an Autopsy death resulted fram: Natural causes Accident Hamicide Undetermined manner ACTUAL MEDICAL EXAMINER 1905 Seminary Road, S. S. Md. John S. Rogers. DME ADDRESS 230 BURIAC EREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 2-22-83 George Washington Adelphi Pr. Georges Md. BP. 11800 N.H. Ave., 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 20 REGISTRAR'S SIGNATURE **DHMH - 17** Hines/Rinaldi Funeral Home Silver Spring, Md.F (VR AT5 ME (5)) 20M 4/82

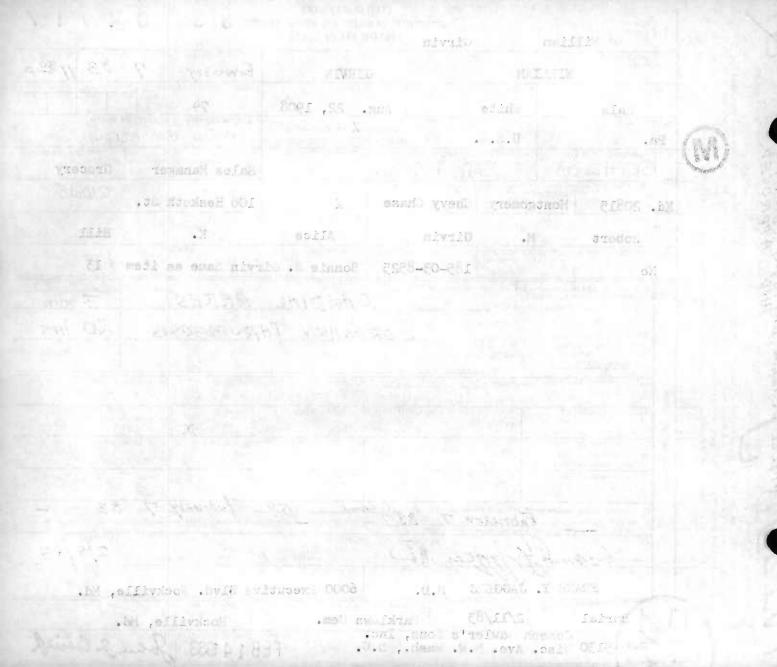
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M	0	9	TY OR TOWN OF DEATH	3607 Di	in ion Street	eet	DR OTHER INSTITUTION	Scientist		12b. KIND ( INDUSTRY Healt	ch Field
hould be	0	Ma	RESIDENCE (IF NURSING HOME OF TATE 136 COULTY MONTO	gomery	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Chevy Cha	ADMISSION) N ASE	13d INSIDE CITY LIMITS? YES X NO	3607 Dun Lo	p Str	eet Zi	p Code: 20815
and 2	0		THER'S NAME  PIRST  John	MIDDLE	Gibson		Jane	ME MIDDLE		Fer	ry
Poper c			(AS DECEASED EVER IN U.S. AR es, no or unknown) (1f yes, gi NO	MED FORCES? VE WAR OR DATES)	579-48-9		17. INFORMANT (Windless Control of the Control of t		53607 Chas	Dunlop e, MD 2	Street 0815
red by the ottending please remove carb prial, cremation, or r , or ather froumatic			Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	(b) (c) (c)	or as a conseque	NCE OF	the cerebo	down	dise-	0 C	ps
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urial-tron Aental Hy	9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEV.  (IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED	P.	.M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	Y IN ITEM 18	PART 1 OR PART 2)	
of the bring the bring of the do		WEI	WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE FA	ARM EIC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
CTOR: A I for use of Heal			22a. I certify that (1) (this haspi saw the deceosed olive on above, (1) (we) (did)	tal) attended the	e death.	19 s	d that in (my) (our) opinion o	deoth occurred an the do	b3		that (I) (we) last couses stated
RAL DIRE detached tate Dept			226. SIGNATURE	11/0	sohe	mo		MEDICAL STAF DIRECTOR ☐ PHYSIC	IAN	22c. DATE	16/83
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3P			JRIAL, CREMATION, REMOVAL Cremation NERAL DIRECTOR ROBER	1 1, 13	os Me	trop	olitan	Alexandri	a	COUNTY	rginia
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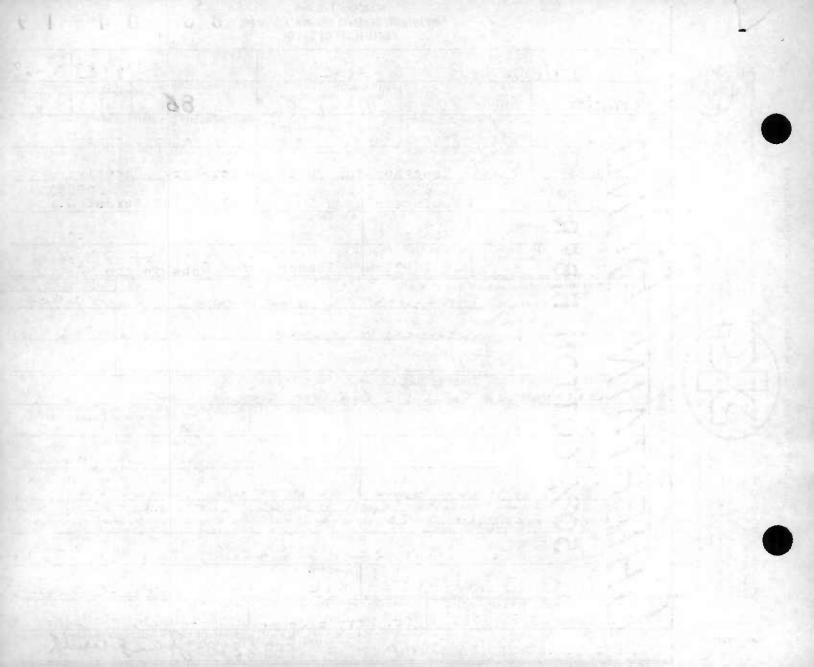
8.	1,	FOR - STATE	DEF	ARTMENT OF HEAL	FMARYLAND TH AND MENTAL HY ATE OF DEATH	GIENE 8 3	0 4	9 1 6
40 (M)		REGISTRAR  CEASED NAME OR PRINT)  FIRST	MIDDLE	P I LAST	ATE OF DEATH	REG. NO		YEAR 25. HOUR
4 mcy b or, poster	3. SE		S.	5. DATE OF B	DAY _ YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER 1 YEAR IF UNDER 24 HRS S DAYS HOURS MIN.
h. Page 22 hours of	7a. B	COUNTRY)	TIZEN OF WHAT COUN	FED.	28 1920 NEVER MARRIED □	9. BALTIMORE CITY OF	R COUNTY OF D	EATH
the funer deat d within 7	10. C	Maryland ITY OR TOWN OF DEATH	U.S.A. AME OF HOSPITAL, N NOT IN OUCH FACILITY GIVE	STREET ADDRESS)	THER INSTITUTION	120. USUAL OCCUPAN	OMORXING LIFE) IN	KIND OF BUSINESS OR DUSTRY
hours of the file		AL RESIDENCE (IF NURSING HOME OF OTHER I	INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	I. INSIDE CITY LIMITS?	Secretary  SIREET ADDRESS	. 001	Shotel, Inc.
MARYLAND 2120 MARYLAND 2120 mpletely filled in by and 2 should be fill examiner finest be as	14. F/	ATHER'S NAME FIRST MIDDLE	LAS	15.	MOTHER'S MAIDEN NA	AME	J UF R	LAST
AGRE, M		HENTY VAS DECEASED EVER IN U.S. ARMED F YES, NO OR UNKNOWN)   (IF YES, GIVE WAR O	OR DATES)	SECURITY NO. 17.	Minnie INFORMANT	ADDRE		Seal
, BALTIN ficate be papers. P naval. ent, the m		18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	couse per line for (a), (	b), and (c).)	arait	lis Husb		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HO minutes
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AL RECOI	CERTIFICATION	190. DATE OF OPERATION	b. donation for v	HICH OPERATION W	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
g physici g physici gentificate irial-transi rital Hygi fem 18 sh			Ib. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PART 2)
DIVISION OF HYSICIA CONTROL OF THE PURICION OF	MEDICAL		e. PLACE OF INJURY AT HOME STREET, FACTORY, C		I. LOCATION STREET	CITY OR TOV	vn co	OUNTY STATE
TTENDI TTENDI Spiral ar STOR: A far use of Heal		22a.t certify that (1) (this has both at saw the deceased alive on above, (1) (we) (did) (did not) view	mucru 13	19.83 , and th	hat in (my) (exc) opinion	death accurred on the do	ite and hour and	from the causes stated
TAL OR A y the hos RAL DIREC detached tote Dept.		226. SIGNATURE Claren F	4. Trains	mp		MEDICAL STAF	F	Laury 4 1983
TO HOSPITAL TO FUNERAL should be deter with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PRINT)  AAROW  AROW	AUM MID		8915 Gel	orgia Ave o	Silver S	pring Mid 20010
BP	L	(SPECIFY) RUNIAL FO	b.7,1983	Parblawn	etery or crematory 1 Cemetery	C23d. LOCATION CITY OF TOWN ROCKVILLE	Montgo	nty C mery Marylan
DHMH - 16 50M 4/B2 (VRA 15, 4)	50	UNERAL DIRECTOR Francis O University Blvd.	J. Collins W. Silve	r Spring,	Md.   250. DA	TE REC'D. BY REGISTRAR	256 RIGISTRAR'S	I Cohief

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Received for the property	7 65			Female	Caucasian	MONT	H DAY YEAR		MONI		
New Jersey    New Jersey   Inited States   Wooder   Drocked   Montgomery County   No Work   No W	ALLE)	8,17	70. B	IRTHPLACE (STATE OF FOREIGN		? 8		9 BALTIMORE CITY	OR COUNTY OF		
Rockville	NU	101			United States	WIDOWI	ED DIVORCED				
13 STATE   14 STATE	by the	90 Tilies	Ro	ckville	Rockville Nu	rsing	The Home	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	NDUSTRY	
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The source of th		50		James	Donohue		FIRST		P	urcell	
18 CAUSE OF DEATH (Enter only one couse per line for 10.) (b), and (c)	execu	edico	- (	YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATEST					L ME	
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Lewis N. Cahill, M.D.    22d Physician's Name (IVPE OR PRINT)   22e ADDRESS 5411 Cedar Lane #202A Bethesda, Maryland 20814   23e BURIAL, CREMATION, REMOVAL   23b DATE   23c NAME OF CEMETERY OR CREMATORY   23d LOCATION CITY OR TOWN CITY OR	AL OR A the hos AL DIREC detoched ote Dept.	IT: If Item			Callet		-03	MEDICAL STAI	F CIAN [		lary
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Selection of the Selection



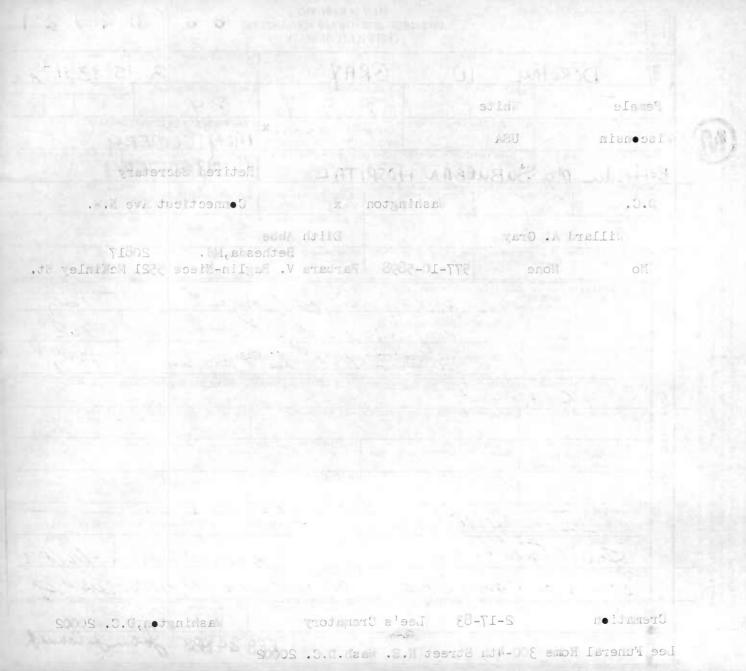
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or Item 18 sh	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJUR	RY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM I	18 PART 1 OR PART	21
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of Healt		220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no	ZT Feb	19 2		,	19 <u>198</u> r) opinion o	death occurred on the c			the couses stated
ote Dept. IT: If Hem		221 CICALATURE			P	EGREE ATTE	ENDING	MEDICAL STA		22c. DA	TESIGNED 7 Feb 8:
with the State		Seestas 22d PHYSICIAN'S NAME (TYPE GUSTAUC	S · B	elaui	7/	22e. ADDRESS	Leis's	ore work	9 ,	Medic Md	20 906
» ₹		SURIAL, CREMATION, REMOVAL SPECIFY Cremation	March/	23€ N	AME OF CE	METERY OR CRE		236 LOCATION CITY OR TOWN Suitland,	P.G	. CO.,	Maryland
M 4/B2 4)		INERAL DIRECTOR NAME IMBERS Funeral		ADDRESS	ing, N	laryland		R A 1983	25b. REG	SISTRAR'S SIGN	Shield

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Lee Funeral Home 300-4th Street N.E. Wash.D.C. 2000

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1		THER'S NAME		MIDDLE				15. MOTHE	ER'S MAIDEN		AMIDDLE			LST	
11		Fred	Ne	wton	Gri	ffith				ertha	I I	lay	Otzel	-	
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2	N		(10 123, 3102	WAR OR DATES,	217	-01-60	54	Mrs	. Mild	red C	. Griff	ith, E	Hagers	stown	,Md.
		18. CAUSE OF D	EATH (Enter onl	ly ane cause per line t	for (a), (b),	ond (c).)					,	10 1	APPE 8ETWE	ROXIMATE IN	NTERVAL
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WA	-	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELAT	TED TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PART	1 (a),					
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	ME	WHILE N	OT WHILE	STREET, FACTO				TREET		СП	Y OR TOWN		COUNTY		STATE
		AT WORK A	TWORK	-						1750					
	1	22a. I certify th		e of the remains desc	ribed obo	ve, held on	Autops	у Ц.	Inspection	D. Ir	nguiry [],	ond in my	opinion		
	-	death resulted f	rom: Natur	al couses	Accident	L, Su	icide 🔲,	, Homic	cide	Undetermi	ned monner	□,			
X	4	ACTUAL /	10	0	/	>		TITLE (S	SPECIFY)			DAT	IF A		1983
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AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	7	EXAMINER'S NA	ME		. 5										
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m	(5	URIAL, CREMATIO	N, REMOVAL 2			IAME OF CE			ORY	CITY OR TO	erstow	n. Was	D. CO	STAT	i.
-		Burial UNERAL DIRECTO	R	2-22-83	ne	est Ha	ven o		25a. DATE RE	C'D. BY REC	GISTRAR III	REGISTRAN	SSIGNATU	HE.	
7 (S))		John H. E		BOORESS	hore	Md.	21713		FEB :	23198	10		0 6.	0.0	
(5))		OIM II. I	Jasu, UI	• Doons	3010	11010	-1117		ILEDI	5 J 13(	N	my	عما سا	will,	

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llore: G. killish. Hoperstone	. L	21.1 = 5054		
W-3-4				

FOR - STATE REGISTRAR DECEASED NAME

7a BIRTHPLACE

SILVER

COOCA QUE

USUAL RESIDENCE (IF NURSI Md. 14 FATHER'S NAME

16a WAS DECEASED EVER (YES, NO OR UNKNOWN) None 18 CAUSE OF DEATH PART I. DEATH W.

> Canditians, if any gave rise to imm stating

PART 2. OTHER SIGN

190 DATE OF OPERAT

21a. ACCIDENT WAS UND OR CONTRIBUTING

(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR AT WORK

220.1 certify that (1)

saw the decease abave, (1) (WE) (d SIGNATURE

230. BURIAL, CREMATION, REMOVAL

underlying

CERTIFICATION

MEDICAL

marked or Nem 18 sh

3 SEX

	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL H	YGIENE 8 3 0 4	926
AR		CERTIFICATE OF DEATH	REG. NO.	
MARGARE	T KATHERINE	E GRIFFITH	20 DATE OF DEATH MONTH DATE 2-27-83	YEAR 26 HOURS
	RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN
126 (STATE OR FOREIGN 7h	CAUC,	10 -27- 96	9 BALTIMORE CITY OR COUNTY O	AE DEATH
(STATE ON POREIGN	LA C	MARRIED NEVER MARRIED		2
WN OF DEATH 11.	NAME OF HOSPITAL, NURSING	WIDOWED M DIVORCED [	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
e Speine	(IF NOT IN SUCH FACILITY, GIVE STREET AD	land N.H.	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
NCE (IF NURSING HOME OR OTH 13b COUNTY	TER INSTITUTION, GIVE RESIDENCE BEFORE A	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	(20902)
AME	TONC III	15 MOTHER'S MAIDEN	NAME	2664.
Repick MIDE	Stultma	Mary	MIDDLE E .	Looper
ASED EVER IN U.S. ARMEI	FORCES? 166 SOCIAL SECUR		ADDRESS	Zooper
(IF YES, GIVE WA	579-05-	John Grif	fith(Son)Same as	s #13e
E OF DEATH Enter only of DEATH WAS CAUSED B	1:11	Chal Throm 6	toris	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  4 Days
340	DUE TO, OR AS A CONSEQUEN	NCE OF actery	atherorcheri	60000
ins, if any, which ise to immediate (a), stating the ing cause last	DUE TO, OR AS A CONSEQUEN	/		
OTHER SIGNIFICANT CON	(c)	EATH BUT NOT RELATED TO THE TE	rminal disease or condition given	JIN PART 1(g)
		Date of the first of the first	The biseries of constitution of the	
OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
DENT WAS UNDERLYING   BUTING   CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY		URRED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
RY OCCURRED	P.M. 21e PLACE OF INJURY	21f. LOCATION		
NOT WHILE AT WORK	( AT HOME, STREET, FACTORY, OFFICE, FAR		CITY OR TOWN	COUNTY STATE
	attended the deceased fram	July 197	9 , to FEB. 27.19	£3, that (I) we last
the deceased alive an re, (1) (we) (did tot vi	ew the bady after death.		an death accurred an the date and haur o	
ATURE	1 0 1 h	DEGREE ATTENDING	S MEDICAL STAFF	2/27/83
James C	1. Koway,	PHYSICIAN		2/2/103
JAMES A	A. ROBERTS,	M.D. 8907 62	DRGIA AVE SILVE	RSPRING, MD.

BP

DHMH - 16 60M 1/75

(VR A 15 (4))

3/2/83 Rurial
24. FUNERAL DIRECTOR

23b. DATE

Hines/Rinaldi 11800 N. # Ave.S.S.Md.

23c. NAME OF CEMETERY OR CREMATORY

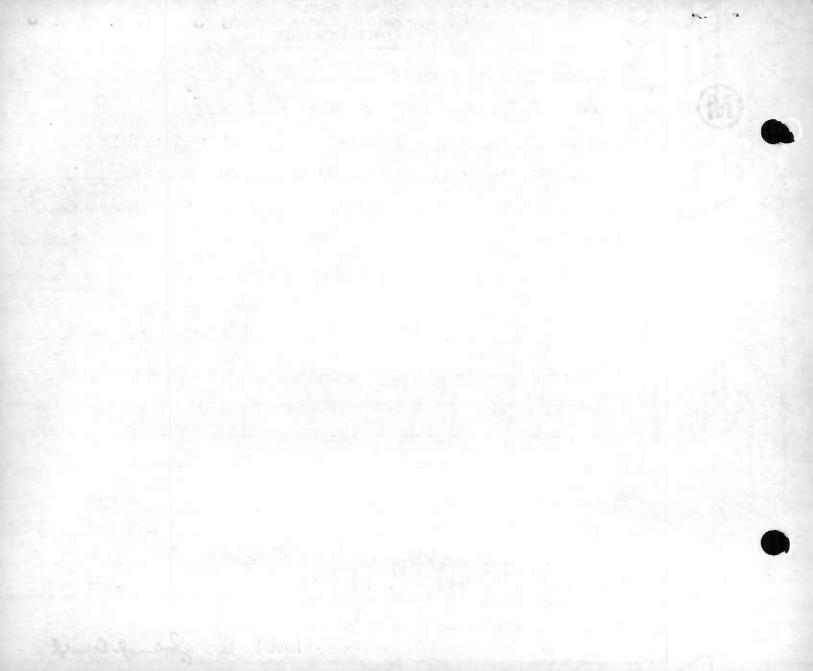
23d. LOCATION

Ft.Lincoln Cemeter

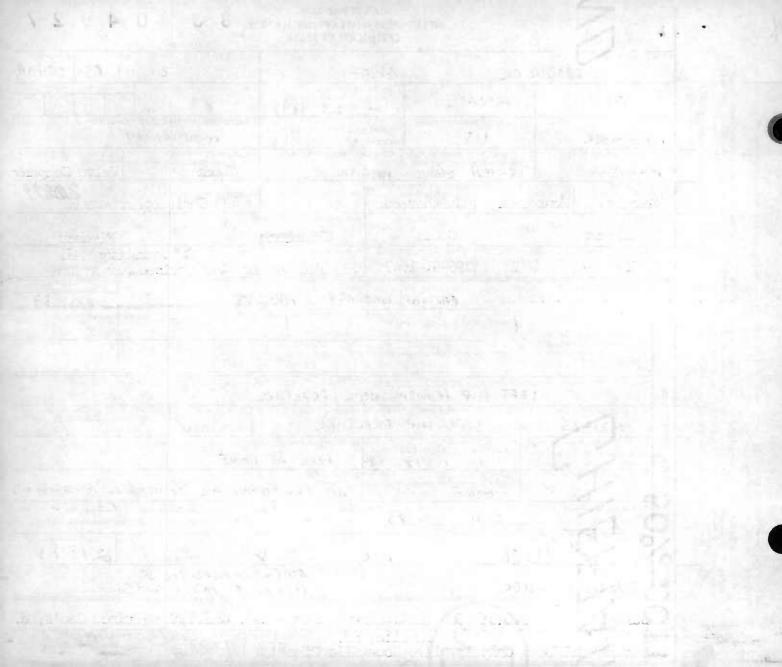
Brentwood

Maryland PG

MAR 1 1983 256. REGISTRAR'S SIGNATURE



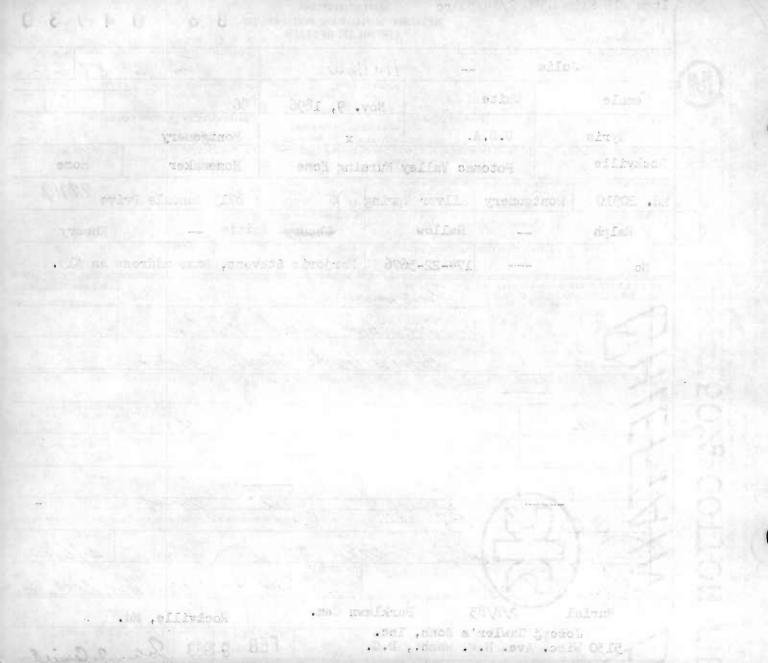
		12	FOR STATE REGISTRAR				NENT OF H	EALTH AND I	MENTAL HYG		3 REG. N	0.	4	9	2 7
e 74	1-3	1.060	CEASED NAME ORPRINT)	REDERI		WIDDLE	GRO	151 7.2		20. DATE O	FDEATH	MONTH 2	DAY	YEAR 83	26. HOUR 0040 A.
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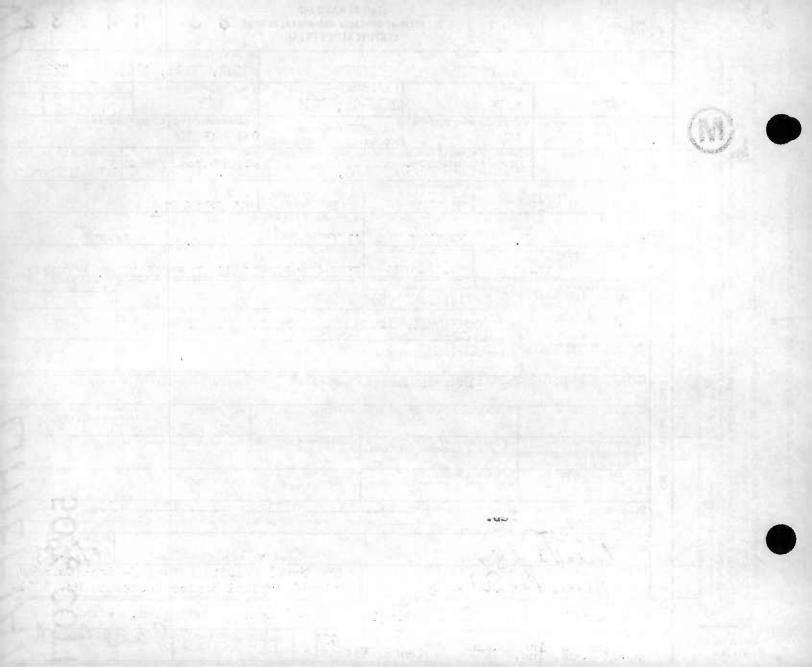
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Page 4 may	3. SE	Female	4. RACE White		S. DATE O	F BIRTH  - 9, 1896	6. AGE (IN YEARS LAST BIRT	HDAY)  IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR YRS.	IRS A
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n and cai Pages 1		VAS DECEASED EVER IN L VES NO OR UNKNOWN) (IF	J.S. ARMED FORCES YES, GIVE WAR OR DATES)	174-22-	Carrier Street	Marjorie St	evens, Same	address as #13	•
the death certificate b the attending physicia remave carbonpapers: emation, ar remaval. er traumatic event, the		18 CAUSE OF DEATH (E PART I. DEATH WAS I	DUE TO,	OR AS A CONSEC	QUENCE OF	mis Hout	Filon	APPROXIMATE II BETWEEN ONSET	AND DE
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NDING PHYSICIAN; TI il ar attending physicia R. Affer this certificate use as the buriol-fransi fealth and Mental Hygi is marked ar them 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS LIFETHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	E OF DEATH HOUR  XAMINER)  21e. PLAC	OF INJURY A.M. MONTH P.M.  E OF INJURY STREET, FACTORY, OFFICE	DAY YEAR 19 CE, FARM ETC)	211 LOCATION STREET	RRED (ENTER NATURE OF INJUS CITY OR TO		STA
by the haspite by the haspite ERAL DIRECTO e detached for State Dept. of h	ć	22a.1 certify that (1) (this spw the deceased of above (1) (well (did))	nospital) attended live an (did not) view the ba	1 /00 00	83, on	DEGREE	MEDICAL STAF	te and hour and from the couses  22c. DATE SIGN	es state
TO HOSE TO HOSE TO FUNI Should be with the be with the beat with the bea	23a	BURIAL, CREMATION, REA (SPECIFY) Burial	O: OMA AOVAL 238. DATE	83 23	NAME OF C	8805 OMM EMETERY OR CREMATORY WN Cem-	23d. LOCATION CUITY OR TOWN ROCKVIL	Chise M.	STA



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25	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 4 9 3 2
. 8-	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
moy be poge 3	HUGH	POSEY	HATCHER	FEBRUARY 18, 1	983 2220 p <sub>M</sub>
ofter	3. SEX MALE	4. RACE CAUC	JULY 16, DATE OF BIRTH	63	MONTHS DAYS HOURS MIN.
1 (M)	70. BIRTHPLACE (STATE OR FOREIGN CAROLINA	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIED XX NEVER MARRIED  WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	
27	10. CITY OR TOWN OF DEATH BETHESDA		rsing home or other institution the dodress) L BETHESDA, MD	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN ELEC. CONTRACT	IZE. KIND OF BUSINESS OR INDUSTRY  SELF EMPLOYED
within 24 hour letely filled in d 2 should be formal intercept the comminer report to the c	14. FATHER'S NAME	RFAX VIENN	A YES NO	130. STREET ADDRESS 205 JAMES DR	99977
ecuted will de complete les I and 2	CAREY	F. HATCH	ER ALICE	E MIDDLE	POSEY
MORE e execu		7-1964 229-16	-1818 ELAINE HOLDI	ADDRESS ER 2412 GLENMORE	TERR. ROCKVILLE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours r attending physician. Wher this certificate has been signed by the ottending physician and completely filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  arked or them 18 shows any injury, or other traumatic event, the medical examiner many be	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSI	US CELL CARCINOMA O		GIVEN IN PART 110
TAL RECOR	198. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES X NO
PHYSICIAN: T ending physici this certificate to buriol-transi ad Mentol Hygi d or Item 18 sh	OR CONTRIBUTION CALLED OF	DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 2]
DIVISION ING PHYS:  r ottending After this c t as the bur Ith and Me narked or f	(IF EITHER, NOTIFY MEDICAL EXAMP)  21d. IN JURY OCCURRED  WHILE AT WORK AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION ATTENDING POSSICO or other the derivation of the trophen of the other trophen or the state of the other trophen or the state of the other or the state of the state of the other or the state of the state o	20 M IIIe Gecepsed Glide	pital) attended the deceased from Feb. 18	om <u>Feb. 13</u> , 19 <u>.83</u> 19 <u>.83</u> , and that in (my) (our) opinio	n deoth occurred on the date and	hour and from the causes stated
by the hosp by the hosp FERAL DIREC State Dept. (State Dept.)	obove (I) (we) Idid Hd.d. 286. SIGNATURE	wellen		M DIRECTOR   PHYSICIAN	
TO HOSPITAL OR A retoined by the hos, TO FUNERAL DIRECthould be detached with the State Dept.	MONACO	PAUR SEN MID	National Ca	pitol Region Be	Medical Command thesda, Md. 20814
2649BP	230. BURIAL, CREMATION, REMOV. (SPECIFY) Burial	23b. DATE 24 Feb. 83	23. NAME OF CEMETERY OF CREMATORS Arlington National C	Cem, CMAFFingto	n, Wirginia STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	<sup>24</sup> FUNERAL DIRECTOR  NAME Money & K.  Funeral Home,	ing Vienna ADDR Inc. V	ienna, Virginia	ATE REC'D. BY REGISTRAR 23 PER	OSTRANS ALIGHANDELL A



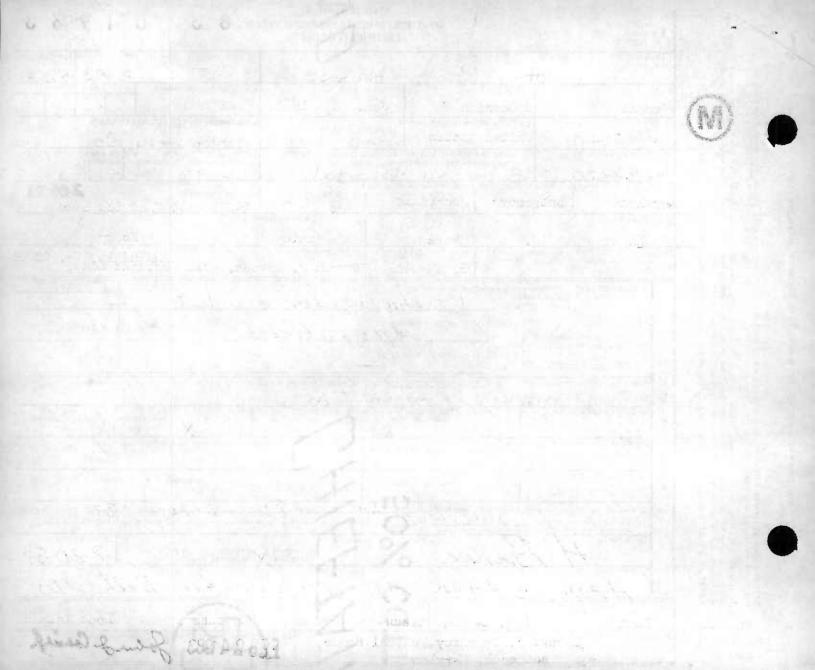
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

etained by the haspital ar attending physician.

- BP\_\_\_\_\_ DHMH - 16 50M 4/82 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical examiner medical examiner medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the features should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be then with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

		FOR			DEPAR		E OF MARYLAND LEALTH AND MENTAL	HYGIEN	8 3	0	4 9	3	3
	1.	STATE REGISTRAR					ICATE OF DEATH						
		CEASED NAME	F#R51		MIDDLE	1	AST	20.	REG. NO.		DAY YEAR	2b HOUR	_
	(TYPE	E OR PRINT)	Dorot	hv	2	LI	0.12.19		Februar	y	20 83	11:15	A
7/	3. SE.			A. RACE		5. DATE C	COCH 3	6. /	AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H	HRS.
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,	7a. Bl	IRTHPLACE (STATE OR FO	DREIGN	b. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9. E	BALTIMORE CITY O	R COUNT	Y OF DEATH		
	Rh	ode Island		United	States	WIDOWE			Mantag	meals	Ca		MD.
12	10. C	ITY OR TOWN OF DEAT	Н		HOSPITAL, NURS		OR OTHER INSTITUTION		USUAL OCCUPATI	ON		OF BUSINESS	OR
U	R	ethespa		Subu		Nos	pital	I	Housewife	•	own h	ome	
5	13e. S	AL RESIDENCE (IF NURSIN STATE yland	3b. COUN		Rockvil		13d. INSIDE CITY LIMITS YES NO		STREET ADDRESS	Cha		2085	3
- 1	14. FA	ATHER'S NAME		NIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		- Olia			
/		Elmer	E	NODLE	Page		Annie		WIDDLE		Henry	ST	
		VAS DECEASED EVER IN	U.S. ARA		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	55		170 22	00
		YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	035 22 0	419	Warren P. I	Haver	ns, 8711 I	Rosed	ndale ale Lan	va. 22	00.
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7	CAL	OR CONTRIBUTING CA			м.	19	1						
	MEDICAL	21d. INJURY OCCURRE	ЕП	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC )	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	E
		220.1 certify that (I) (*) sow the deceased above, (I) (well did 22b. SIGNATURE	this hospite	2.1.	5 . 19	83,01	nd that in (my) (our) opin DEGREE ATTENDIN PHYSICIA	NG LAN	to	F	0.3		
		22d PHYSICIAN'S NAM	ME (TYPE OR	BAY	HAR	MD	220 ADDRESS	Wis	c. Ave	B	eth.	MO	_
		BURIAL, CREMATION, R (SPECIFY) Burial	EMOVAL	Feb. 24			emetery or cremato od Cemetery		Coventry,		Rhode	Islan	id
	24. FU		phort		phrey			DATE RE	CD. BY REGISTRAR	25V REGIS	TRAR'S S'GN	UPE	-
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IF UNDER 24 HRS

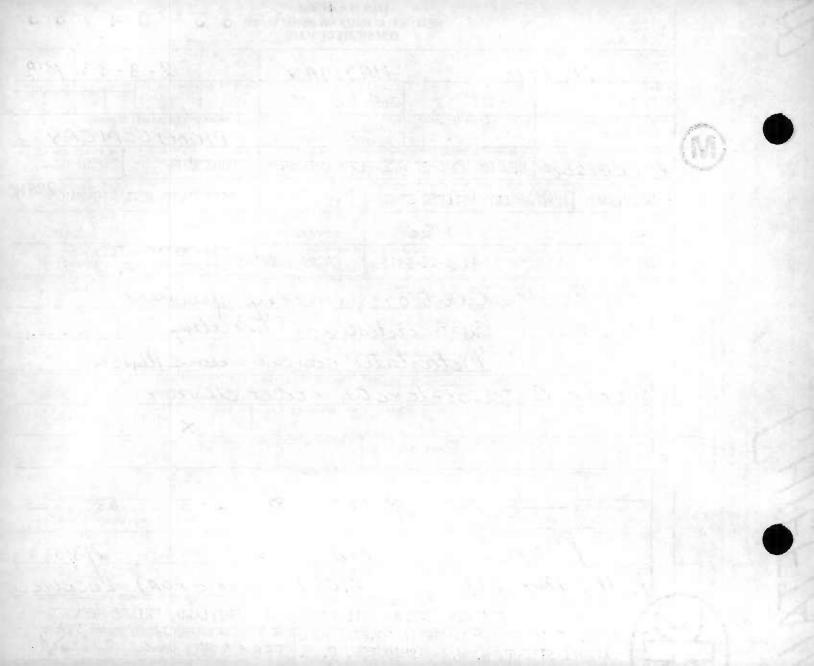
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) COUNTY and that in (my) ( or opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PORTANT BHYSICIAN'S NAME (TYPE OR BRI 22e. ADDRESS 1040 ld b 20814 Mary and 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE Washington, D.C. (SPECIFY) Geo. Wash. Med. School Removal Columbia Mortuary Services, Inc. 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Missouri Ave. NW Washington, D.C. (VRA 15, 4)

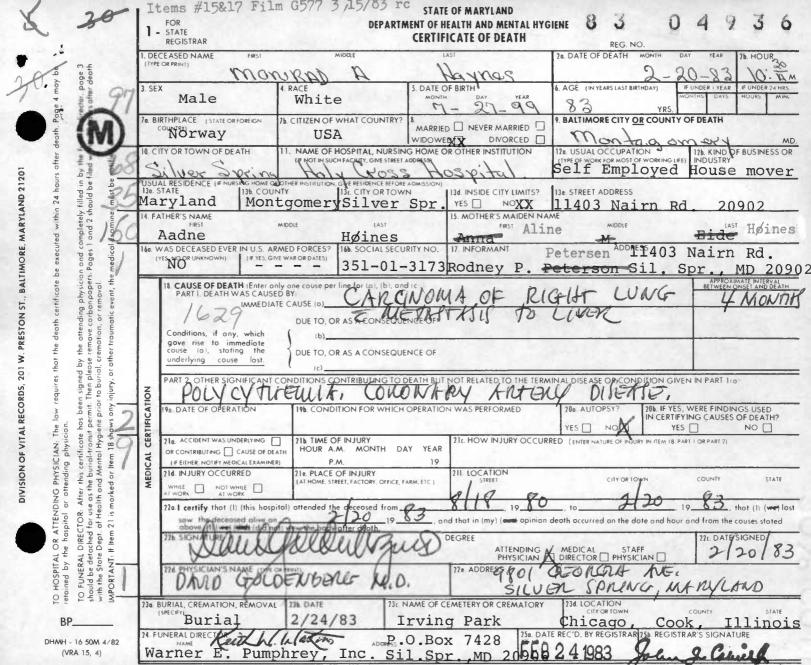
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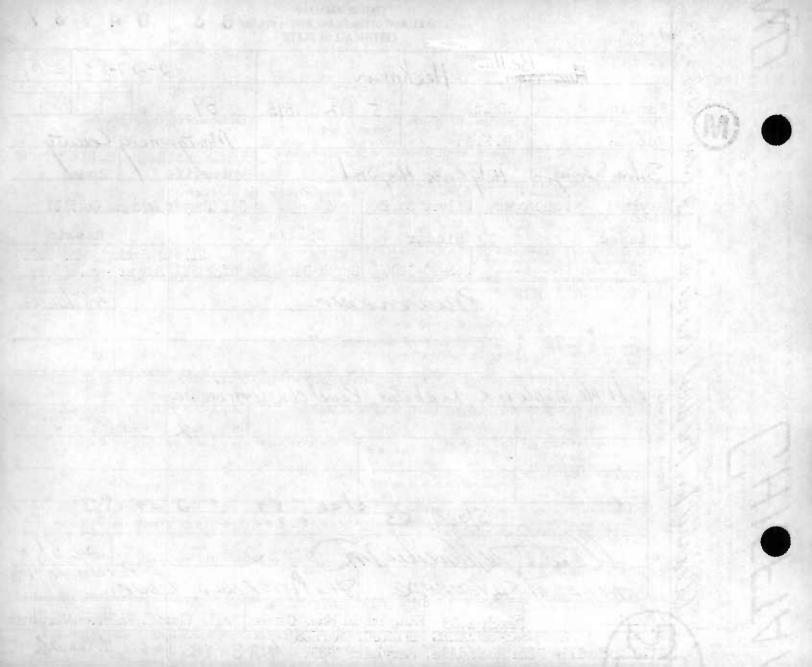
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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STATE OF MARYLAND

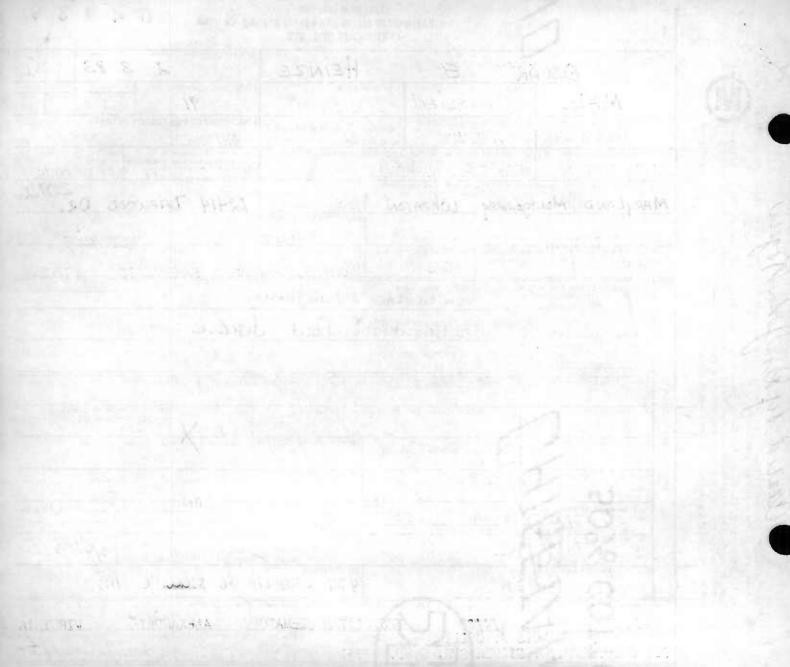
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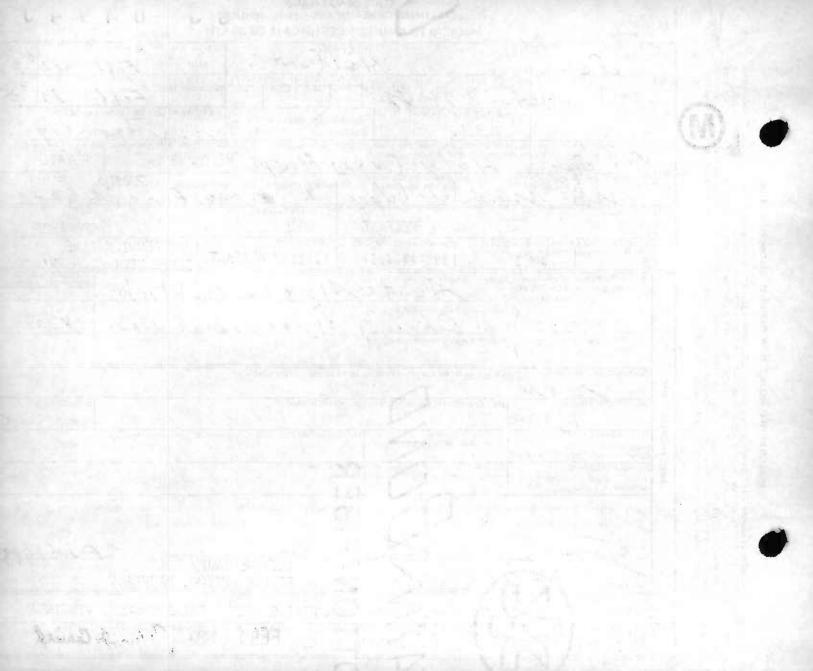
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ding physicals secreticate burial-transit Mental Hygie or Item 18 sha		OR CONTRIBUTING	CAUSE OF DEAT	In .	DF INJURY .M. MONTH DA .M.		W INJURY OCCURE	RED (ENTERNATU	RE OF INJURY IN ITEM 1	B PART I OR PART	T 2)
ottendin ter this c ss the bur h and Me	MEDICAL	WHILE NOT WAT WORK	VHILE		OF INJURY REET, FACTORY, OFFICE, FA	.O.S.	ATION TREET		CITY OR TOWN	COUNTY & 3	Y STATE
pital ar TOR: Af for use a of Health		220. I certify that (		of) attended the		3, and that in (	my)(our) opinion	, 10	on the date and h	19 ond from	the causes stoted
AL OR A the hos AL DIREC letoched ore Dept. T; If frem		22b. SIGNATURE	MIL	m	N-THE	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	27c. D	ATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the Store IMPORTANT:		22d. PHYSICIAN'S P	NAME OPE O	PRINT)		22e ADD 4701	PRESS ANDOL	PH RO	Rouwille	M	
BP	- (	URIAL, CREMATION SPECIFY) REMATION		236. DATE 2/4/	/83 ME	AME OF CEMETERY	N CREMATO		LEXANDRI		VIRGINIA
AH - 16 50M 4/B2 (VRA 15, 4)		O UNIV.BL	FRANC VD., W.		COLLINS R SPRÎNG, M	D. 20901	FEE	7 198	3 JOG	ISTRAR'S SIG	Canulf.



6	1-	FOR STATE REGISTRAR		ALTH AND MENTAL HYGIE		7 4 0
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A STREET	1.55	1. RACE 5. DA	TE OF BIRTH TH DAY YEAR  YEAR	IF UNDER 1 YR. IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	PRONOUNCED DEAD Feh &	DAY YEAR 24 HOUR
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SE SE	IN N	EW YORK	U.S.A.	IDOWED DIVORCED	Mantag	METH MO
PAGE FILE		ITY OR TOWN OF DEATH II. N.	AME OF HOSPITAL, NURSING HOME, C NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		SUAL OCCUPATION (TYPE OF BORK IN OST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY RETAIL
21201 ANY DE AND 3 T RETAIN HOULD B RECORD	5 13a	AL RESIDENCE NEWSINGHOME OR OTHER 136. COUNTY	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		TREET ADDRESS 20919 402 Fen Wil	t Czne
BALTIMORE, MD. S. AFTER DEATH. IF GUVE PAGES 1. 2 ITH FORM PM 3 PAGES 1 AND 2 S IVISION OFVITAL		ATHER'S NAME EUBEN MIDDL	HELFANT	15. MOTHER'S MAIDEN NAA ROSE	AE MIDDLE	SPERANCE
BALTIMO S AFTER E GIVE PAG ITH FORM PAGES I	1 (	NAS DECEASED EVER IN U.S. ARMED FO 125, NO, OR UNKNOWN) (IF YES, GIVE WAR OR I WW 1		O. 17. INFORMANT LILLIAN HELFA	ANT, SILVER SPRING	
568500		18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	Houte	Myrczr	2121/2151	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "PENDING" IN PENCIL IN ITEM 11 RDED TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI EDPARTMENT OF HALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	hyoczy	dial Dis	KYA
DS, 201 W. XECUTED WIG. IN PENGUAC. AL EXAMIN BURIAL-TR, AND MENTION, OR			DUE TO, OR AS A CONSEQUENCE OF			
L RECORDS, 201 ULD BE EXECUTEI "PENDING" IN I EF MEDICAL EXA ED AS A BURIAL HEATTH AND M AL, CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN IN PART 1 (a).		
HOULD RD "PE HIEF A USED OF HE	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?
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//SION OF VIT ERTIFICATE SH FING THE WOR ED TO THE CY 3 SHOULD BY PRIOR TO BUJ	CALCE	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	л 2)
DIVISI THIS CERI WRITING WARDED PAGE 3 SI TATE DEP.	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN COU	NTY STATE
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AL EXAMPLE CERT HOULD BE MAIN WITH WILL WITH WITH WITH WITH WITH WITH WITH WITH		ACTUAL SIGNATURE 2	DORON	TITLE (SPECIFY)	DATE DATE SIGNE	Feb 6 19 pg
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE ATO FUNERAL DIREC ATTER DEATH, WITH BALLEMORE, MARYL	2.	(TYPE OR PRINT)	. ROGERS, M. D.		INARY ROAD PRING, MARYLAND	
Bb 5 <u>₹</u> ₹ <b>5</b> ₹8	230.1	URIAL, CREMATION, REMOVAL 23b. DA" BURIAL 2		TERY OR CREMATORY 23d, 23d, 27d CARDEN		
DHMH - 17 (VR A15 ME (5))		DONALD MR STEIN HEB	REW MEMORIAL FUNER. . N. W., WASHINGTO	N. D. C. FEBT	BY REGISTRAR 254 PEGISTRAR'S S	GANTURE

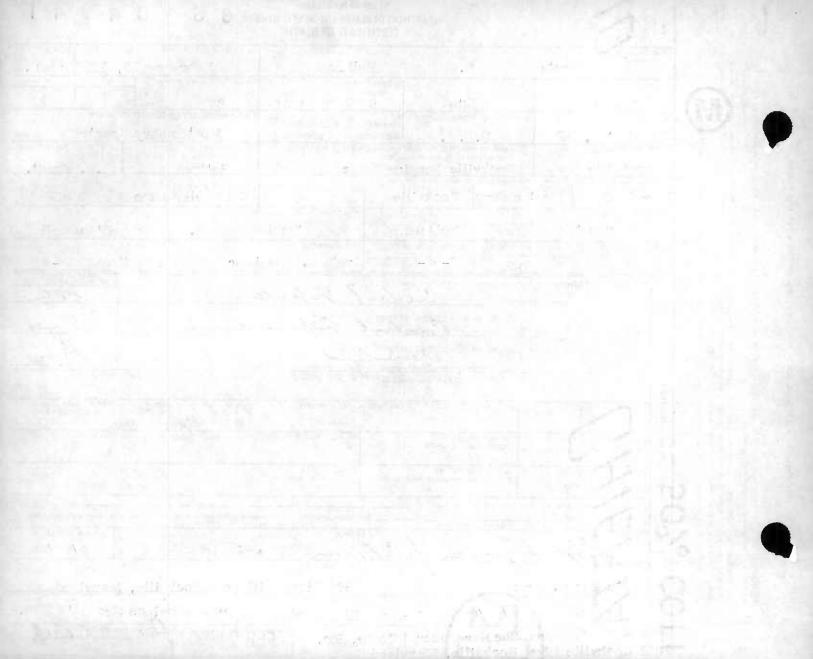
STATE OF MARYLAND



1 4	1 -	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL! CERTIFICATE OF DEATH	HYGIENE 8 3 0	40941
m.5		EASED NAME FIRST	WIDDLE	LAST	A. DAIL OF BEATT	AY YEAR 2b. HOUR
ge ge ge		Greta	В.	Hellman		8, 19836:25P. <sub>M</sub>
Om 1	3. SEX		4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
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2 3	0	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
deat deat	Wa	shington, DC	U.S.A.	WIDOWED DIVORCED	□   Montgomery	
The second of th	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	JRSING HOME OR OTHER INSTITUTION STREET ADDRESS)	124 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
by filled filled		Rockville	Rockville Nu	rsing Home	Retired	U.S. Gov't.
£ -0 -01	13a S	I RESIDENCE (IF NURSING HOME O TATE ryland 13b COU Mor	r other institution, give residence into the last of t	TOWN 13d. INSIDE CITY LIMITS	6612 Sulky Lane	20852
mpletely and 2 sh	14. FA	rher's name Clement	MIDDLE Hell	man   15. MOTHER'S MAIDEN Cather	rine A.	O' Donnell
n and co Pages 1		AS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL NONE 578-56	=9836 Greta L. De	eni han Same as	items 13a-e
ate b sicia pers al.		18. CAUSE OF DEATH (Enter o	nly one cause per line for ray, (	pl, and icity 20	1	BETWEEN ONSET AND DEATH
rtific g phy an po eman	0	PART I, DEATH WAS CAUS	TE CAUSE (a)	erelial Jugar	ton	412
death ce ittending ve carbo ian, ar r		4349 Conditions, if any, which	DUE TO, OR AS A COMS	equence of arken	schrow	5-yes
by the case remail, cremat		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	governce or find an	Eurilium	16-4
n signed Then ple r ta buric injury, an	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(o
an. t permit. ene prior aws any i	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
or the physicia certificate trial-transit ental Hygie trem 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
IG PHYS attendin ter this c s the bur and Me rked ar II	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital ar TOR: Af- far use a of Healit		saw the deceased alive a	oital) attended the deceased for n		nion death occurred on the date and hou	19, that (I) (we) lost r and from the causes stated
has has iREC hed ept.	4	226 SIGNATURE		DEGREE		22c. DATE SIGNED
AL O the O detac ste D		May.	h trueso)	FIR A Kwen PHYSICIA	MEDICAL STAFF	2/19/83
SPITA d by NERA NERA be de e Stot		22d PHYSICHARY SMAME INM	aryof.	22e. ADDRESS		
retained by to FUNERAL should be det with the State	7	Stephen N. J	ones	809 Viers	Mill Road Rockville,	Maryland
5 5 5 5 3 5		URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	
BP	1	Burial	2/21/83	Cedar Hill Cemeter	y Suitland Prince	George's Ma.

1331 Rockville Pike Rockville, Maryland 20852.

DHMH - 16 50M 4/82 (VRA 15, 4)



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8	1.	FOR - STATE REGISTRAR	DEP		ALTH AND MENTAL H CATE OF DEATH	IYGIENE Ö Ö	V •	4 7 4 4
1 121		CEASED NAME FIRST	MIDDLE L.	4/-	it .	20. DATE OF DEATH		YEAR 26 HOUR
	3. SE	E Emale	4. RACE	5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST E	JARTHDAY) IF UN	NDER I YEAR IF UNDER HARS. THS DAYS HOURS MIN.
1 12 176	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8. MARRIED	17 1888 □ NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH
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that the ed by the olease remains crema or other tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF D	ementra			1982
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on. he law r ion. has bee if permit. iene prio	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY? YES □ NO	206. IF YES, WE IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?
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- + 0	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		21f. LOCATION STREET	CITY OR	/OWN	COUNTY STATE
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the hosp the hosp to DIREC etached te Dept. If Item		226. SIGNATURE	thick on	m DI	EGREE ATTENDING	MEDICAL ST DIRECTOR PHYS		22c. DATE SIGNED 234-43
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of of ships		BURIAL, CREMATION, REMOVA			METERY OR CREMATOR		00 1	DUNTY STATE
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DHMH - 16 50M 4/B2 (VRA 15, 4)

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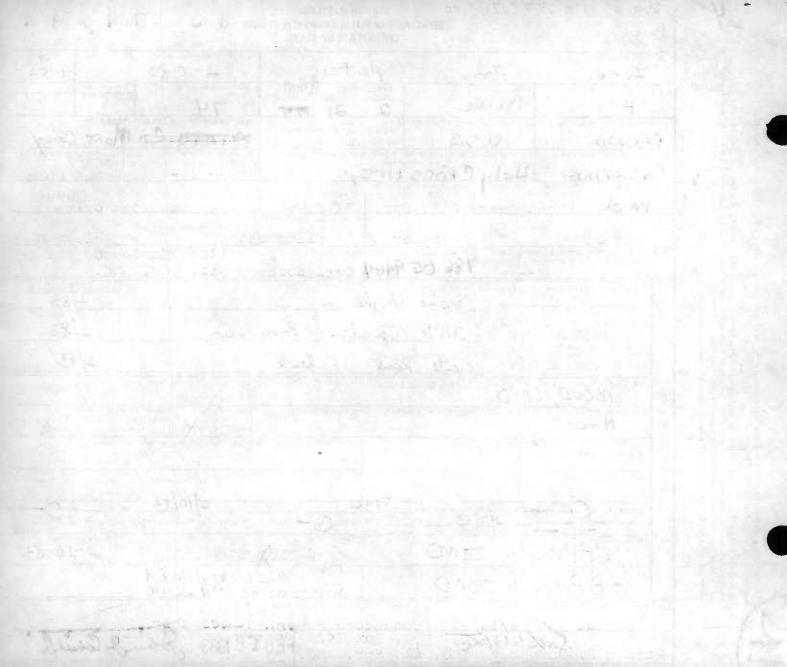
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

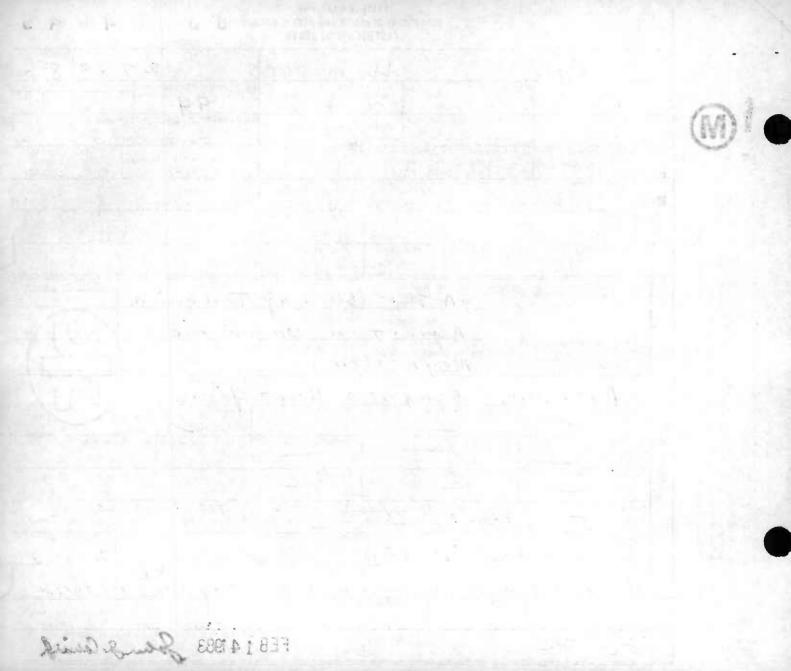
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		3. SE	×	4. RACE	5. DATE		6. AGE (IN YEARS LAST BIR	MONTH	DER I YEAR IF UNDER 24 HRS
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	at on 12	P	2NNA	USA	WIDOW	D NEVER MARRIED DIVORCED	PIATO	CO M	ONT. CONY MD.
-	23 810	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	TREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST C		IL KIND OF BUSINESS OR IDUSTRY
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ND 21	filled in most by	13a.	STATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BUTTY 136. CITY OR THE STORMET SIL	Spr.	13d. INSIDE CITY LIMITS? YES 10 0	13e. STREET ADDRESS 12508 Mea	500w05e	20904 Drive
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ORE,	d co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO.	17. INFORMANT	12508RI	Meadow	obd Dr.
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BALT	ysicio apers val. rt, the		18 CAUSE OF DEATH (Enter of	anly one cause per line for (a), (b SED BY:	), and (c).1	n			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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¥ .	by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	Perce of	Fallere			43
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	r signed Then plee to buria	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	N PART 1/a
00	been mit. prior	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WE	ICH OPERATIO	ON WAS PERFORMED	20s AUTOPSY?	20b IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?
AL R	has has	Ě	None				YES NO	YES [	NO X
VII.	trans 18 sh		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING NO CAUSE OF D		DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)
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			BURIAL, CREMATION, REMOVA (SPECIFY)			CEMETERY OR CREMATERY	rk 23d LOCATION		UNTY STATE
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-				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reg. No.	0 4 9 4 5
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	10.7.001
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1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
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l n	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b, KIND OF BUSINESS OF
0	13	eth. MD	Surburban	(D501-tal)	housewife	own home
57	USU 13a	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	PROTHER INSTITUTION, GIVE RESIDENCE BEF			
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A Park		THER'S NAME		15. MOTHER'S MAIDEN N	IAME	Service and Service and Service
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			inly ane cause per line far (a), (b),		011 0201 1011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	- 13	5011	DUE TO, OR AS A CONSEC		04. 144.5 24 ( 6	
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		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	4 CO LON		
	z	1 C + 6		D DEATH BUT NOT RELATED TO THE TER	- 1 - ,	GIVEN IN PART 1(a)
	CERTIFICATION	190 DATE OF OPERATION	1 H, CONDITION FOR WHI	GESTIVE HEAR	7 10 Luce 206. 11	F YES, WERE FINDINGS USED
2	FIC,	THE DATE OF OTERATION		CHOICKATION WASTERTORMED	INCI	ERTIFYING CAUSES OF DEATH?
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4		OR CONTRIBUTING CAUSE OF DE		ĐAY YEAR	TREE (ENTER NATURE OF INJURY IN ITEM	A IB, PART I OR PART 2}
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	MED	21d INJURY OCCURRED	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK				
			oital) attended the deceased from		, to Feb 7	, 19 <u>\$3</u> , that <u>(1)</u> (we) lo
		saw the deceased alive or abave, (I) (we) (did) (did no	at) view the body after death.	K3_, and that in (my) (aur) opinio	n death occurred on the date and	hour and from the causes stated
		22b, SIGNATURE		DEGREE	weeken cons	22c. DATE SIGNED
		Koland	Inperial	M ) ATTENDING PHYSICIAN	MEDICAL STAFF	1 2-8-83
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT:	22e. ADDRESS	M	0
1		ROLAND	IMPERIAL	Mp 4977 B	attery Lon	e Betheson
		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	JAME !	SPECIFY)	2-10-83 A	dis Isreal Cem.	Washingto	COUNTY STATE
	74. F	MERAL DIRECTOR		34 Ga. Ave. 15 F		GISTRAR'S SIGNATURE
-	Ka	irner E Pumi	ohrev Inc. Si		b 1 4 1983 X	ing labely
		THE RESERVE AND ADDRESS OF THE PARTY OF THE	CIAL V THE DI	La UUL a PIU a 1		



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FOR - STATE

TYPE OR PRINTI

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

DECEASED NAME

WE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Social Work 7409 Birch Ave. 20912 Young 1292 Kingsley Rd. Camp Hill. PA. 17011 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE 83, and that in my (our) opinion death accurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN STATE Removal Georgetown Med. School Washington. D.C. 225 Missouri Ave DAMERE D. BY REGION 24 FUNERAL DIRECTOR Columbia Mortuary Services Inc. N. W. Wash. D.C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b HOUR

17b. KIND OF BUSINESS OR

IF UNDER 24 HRS

2a DATE OF DEATH

Setted Social Social Social Social Social Large of Montgoders Welcome Parts x 7107 Birch ve. 21912 ere derond Hibbard Larges and Young 1202 Kinesley 3d. 579-di-3856-1 Anna Hollinter Oans Eill. PA. 17011 enovel -27-09 reor form Med. Roscol resiliedos. D.C. .ov incomi Columbia Morning Services Las. W. Mash. B.J.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REC	GISTRAR				CERTIF	ICATE OF	DEATH		REG. NO					
1. DECEAS	SED NAME	FIRST		MIDDLE	Ĺ	AST		20. DATE OF	DEATH A	нтиол	DAY YE	AR	2b. HOUR	{
(TIPE OR PR	(INT)	DOROT	DOROTHY HELENA		H	HICKS			JARY	13	1983		12:5	0 pu
3. SEX		4	RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTH	DAY	IF UNDER 1		IF UNDER 2	
F	EMALE		CAUCAS	SIAN	NOVE	MBER	22 192	7 !	55	YRS		DAYS	HOURS	MIN.
7a. BIRTHP	LACE (STATE C	R FOREIGN 7	. CITIZEN OF	WHAT COUNTRY?	8.	NEVED	MARRIED -	9. BALTIMOR	E CITY OR	COUN	TY OF DEA	TH		
MARYLAND			UNITE	STATES			NORCED	MON!	<b>r</b> GOMI	ERY				MD.
	R TOWN OF D		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	AODRESS)	R OTHER INS	NOITUTIT	12a USUAL O		WORKING			FBUSINES	SOR
13a. STATE	SIDENCE (IF NU E YLAND	13b. COUNT		GIVE RESIDENCE BEFORE 134. CITY OR TOW HAGERS	N	13d. INSIDE	CITY LIMITS?	13e. STREET A	DDRESS		21 NSHIR	740 E		)
14. FATHER	R'S NAME FIRST	M	IDDLE	LAST		15. MOTHER	S MAIDEN NAM	ΛE	MIDOLE			LAST		
J	AMES	С		REDMOND	)	MAR	GARET				LAS	KY		
	DECEASED EVE O OR UNKNOWN)		ED FORCES? WAR OR DATES)	16b. SOCIAL SECU 219-14-		17. INFORM			3 ALTI ERSTO		LNSHI		RD 740	
Co go coi	enditions, if or over ise to in use (a), sto derlying cou	IMMEDIATE  ny, which mmediote ting the	DUE TO, O	R AS A CONSEQUE	NCE OF		S SYSTI		SFUNC	CTIC	DN			
	RT 2. OTHER SI	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEASE	OR COND	ITION G	SIVEN IN PA	RT 1to		
CERTIFICATION 190°	DATE OF OPER	RATION 196, CONDITION FOR WHICH			OPERATION WAS PERFORMED			IN CERTIFY			WERE FINDINGS USED /ING CAUSES OF DEATH?			
	210. ACCIDENT WAS UNDERLYING TO THE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (HE EITHER, NOTIFY MEDICAL EXAMINER) P.M.				AY YEAR	21c. HOW I	NJURY OCCURR	RED (ENTER NATI	URE OF INJURY	IN ITEM I	B PART I OR PA	RT 2)		
WH WH	INJURY OCCU	WHILE O	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			211 LOCAT STREE			CITY OR TOW	'N	COUN	ITY	57	ATE
220.	sow the dece	(I) (this hospito	13 FER	e deceosed from 2 BRUARY 198 ofter deoth.	4 JA 3 , or	NUARY nd that in (my	, 19. <b>83</b> ) (our) opinion d	to 13 deoth occurred			QY9_83 our and from			
22b.	SIGNAT	121	_ %			DEGREE					224.	DATE	SIGNED	
	1 2	WAY!	(11)	JIM .		MD	ATTENDING	MEDICAL	STAFE	ANI	14	7	1- 8	23

22d. PHY ICIAN S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

FOR

22e. ADDRESS PRESENTAL MANAL HOSPITAL, NAVAL MED CMD BETHESDA, MD 20814

B. A. Scott, LT, MC,

USNR

23c. NAME OF CEMETERY OR CREMATORY

burial Feb. 16, 1983 Arlington Nat.Cem. <sup>24</sup> FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

23b. DATE

Arlington, Arlington, Vistatinia

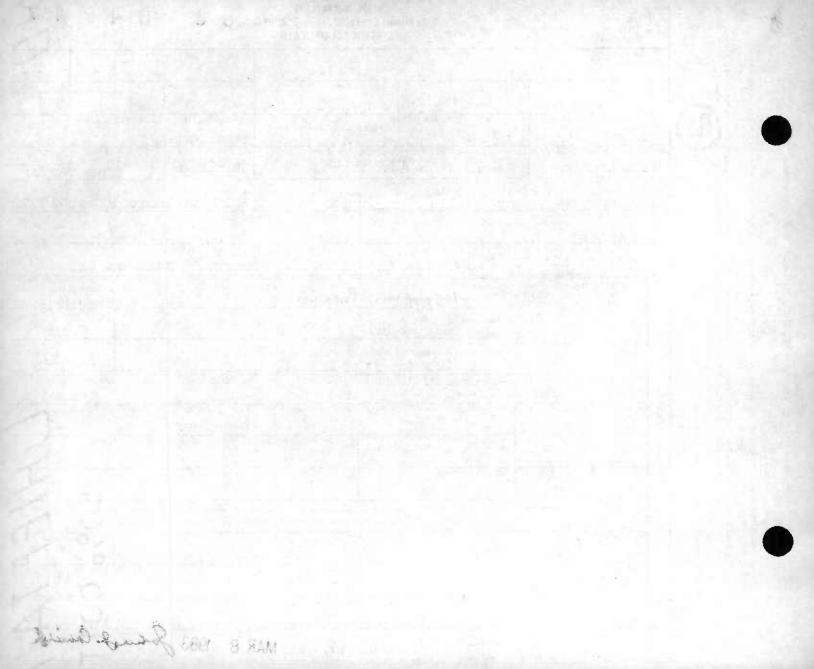
DHMH - 16 50M 4/82 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 sh

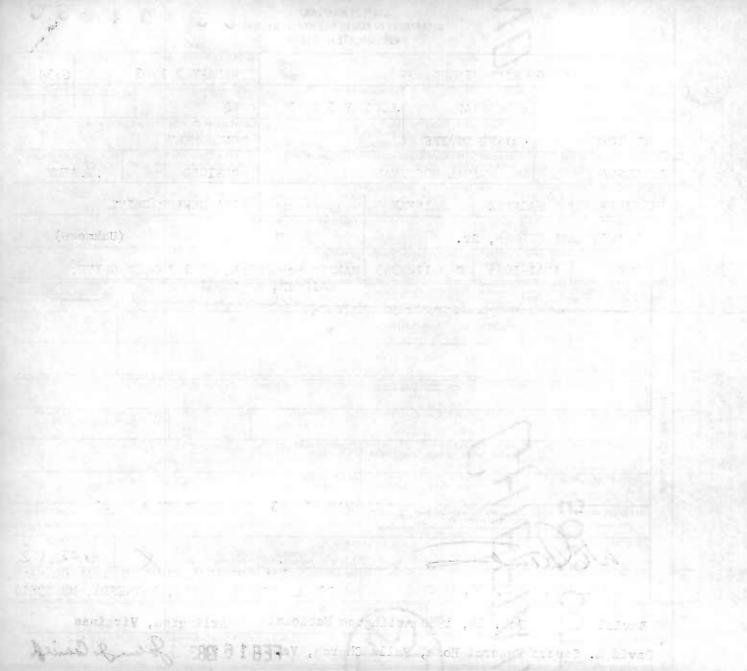
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5	FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARTLAND  TMENT OF HEALTH AND MENTAL HYC  CERTIFICATE OF DEATH		0 4 9 4	9
nay be page 3		OSSIZ MIDDLE	Hicks	REG. N. 26. DATE OF DEATH		IOUR 45 PM
ge 4 moy	3. SEX FEMAL		S DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		IDER 24 HRS
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ors after	Takoma Park	Washington		(type of work for most of Retired	on 12b. KIND OF BUS F WORKING LIFE) INDUSTRY PE Drug St	oples ore
in 24 houy fill dia should be entone the	Maryland P	ONE OR OTHER INSTITUTION, GIVE RESIDENCE BER COUNTY 130. CITY OR TO THE GEORGE UPDET	Mari Maside City Limits?		lboro Pike 2	20772
completel	Charles  Was deceased ever in u	E. Hudson  S. ARMED FORCES? 166 SOCIAL SE	boro   15. MOTHER'S MAIDEN NA FIRST   Hanna   CURITY NO.   17. INFORMANT   Date   17. INFORMANT   17. INFORMANT	MIDDLE	Weidman	
ion and c	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES) 579-32	-2416 Flossie Po	girter	Same as #13	
ertificate g physici oanpaper remaval	PART I. DEATH WAS	nter only one couse per line for (a), (b), CAUSED BY: AEDIATE CAUSE (a) AEDIATE CAUSE (b)	ation Preomonia		APPROXIMATE II BETWEEN ONSET	
e death c attendin move cark notian, ar troumatic	Conditions, if any, wh	DUE TO, OR AS A CONSECUTION (b) COVE by	DUENCE OF PISCOS		5 42	245
d by the lease rental, cremon ather t	cause (a), stating underlying cause la	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	osclemosis			ears
en signe Then p ar to bur		Asthmetic Brach		INAL DISEASE OR CON	DITION GIVEN IN PART 110	
The low ician.  Te has been the has been given by principle prices and shows any	Chrsnic /		CH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO NO		SED EATH?
ANS.	OR CONTRIBUTING CAUSI	OF DEATH HOUR A.M. MONTH (AMINER) P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
DING PHYSICI or ottending p to a otten this cert as the burial softh and Menta marked or Item	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM. ETC.)  21f LOCATION 51REET	CITY OR TO	WN COUNTY	STATE
prital TTEN TOR: for us of He	saw the deceased a above, (1) (we) ( <del>did)</del> (	hospital) attended the deceased from ive on 2 26 19 did not) view the body after death.	83 , and that in (my) (our) apinion	death occurred on the de	ote and have and from the cause	
OR he he boche Dep f fter	22b. SIGNAT,IMF	& Munza		MEDICAL STAL		83
TO HOSPITAL retained by th TO FUNERAL should be dete with the Stote	22d. PHYSICIAN'S NAME Alfred	Munzer M.D.			Taxoma Park Ma	۸.
BP	230. BURIAL, CREMATION, REM (SPECIFY)  Burial  24 FUNERAL DIRECTOR	3Mar1983 C	A NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN TY Suitlar	COUNTY PG	STATE Md
DHMH - 16 50M 1/81 (VRA 15, 4)	NAMRODERT	E. Wilhelm ADDRESS Home Inc	Suitland, Md. MA	AR 8 1983	John & talle	46

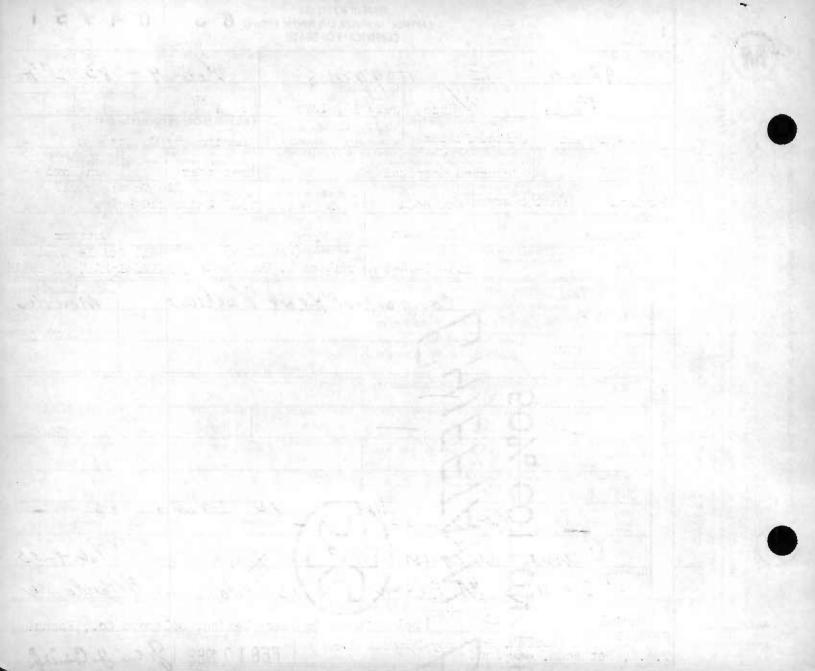


(VRA 15, 4)



BP\_\_\_\_\_ DHMH - 16 50M 4/B2 (VRA 15, 4)

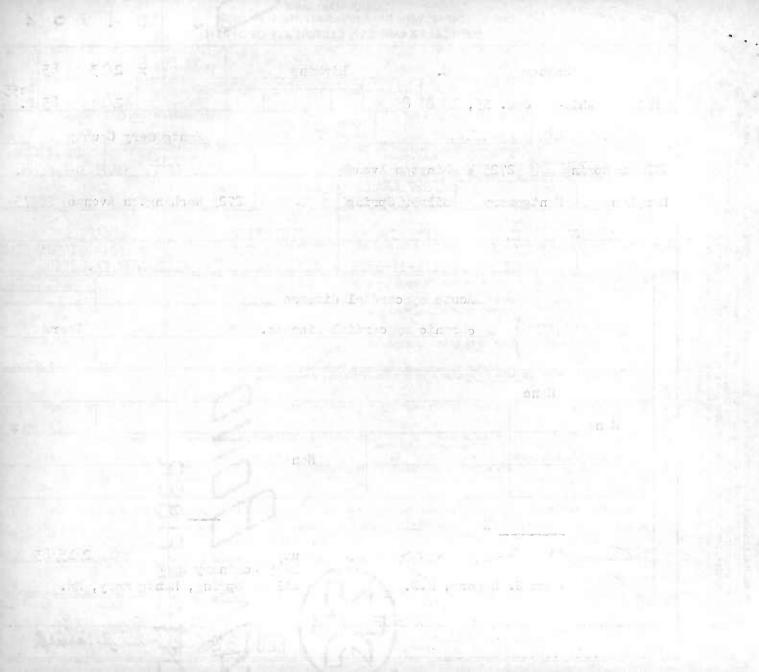
	1-	FOR STATE REGISTRAR				NT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0 4	9 5	
0		CEASED NAME EORPRINTI	FIRST	Ë	AIDDLE H	10	ast CIIN S		MONTH DAY YEAR	26. HOU 3 /Z	IR SAM
	3. SE)	ren en	nale	4. RACE	V <sub>hite</sub>	MON	10, 1893	6. AGE (IN YEARS LAST BIRT	YRS.	AYS HOURS	MIN.
3	Ē	IRTHPLACE (STATE OR F COUNTRY) Pennsylvani	La	United	States	WIDOW	ALC: N	9. BALTIMORE CITY O Montgomery	y County		MD.
0	Ве	ITY OR TOWN OF DEA ethesda AL RESIDENCE (IF NURS)		Suburb	an Hospita	al	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Homemaker	F WORKING LIFE) INDUS	n Home	ISS OR
5	Mar	ryland	Mont	gomery	13c. CITY OR TOWN Bethesda	OMISSION)	138. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESZ: 9513 Wadswo	ip Code: orth Drive	20817	
0		Charles		MIDDLE	Brigeman		15. MOTHER'S MAIDEN NA/ FIRST Mary	MIDDLE		eamer	
		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? /E WAR OR DATES)	159-03-74		Anclare H. Co	nter) ADDRE unningham, P		le Road  a, PA  PROXIMATE INTER	19115
	NOI	Conditions, if ony, gove rise to imm cause (a), statin underlying couse	{ (b)	R AS A CONSEQUEN R AS A CONSEQUEN CONTRIBUTING TO DE	CE OF	NOT RELATED TO THE TERM			Mon f		
2	CERTIFICATION	19a. DATE OF OPERAT	NOI	19b. CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED	YES NO X	20b. IF YES, WERE FIR IN CERTIFYING CAU YES	NDINGS USEI ISES OF DEAT NO	TH?
7	MEDICAL CER	21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK	AUSE OF DE	P.I	M. MONTH DAY M.	19	21t. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR			STATE
		220.1 certify that (I) (this hospital) ottended the deceosed from									
1		22d. PHYSICIAN'S NA	A M	ES /	V. E.G.	7a	220. ADDRESS 5 4 / 3 C	Fedar Li	n- Bethe	der 1	w
		BURIAL, CREMATION, (SPECIFY) Buria1	REMOVAL	23b. DATE TO 8, 198	3bruary Hol		EMETERY OR CREMATORY Cross Cemetery		laware Co.	Penn	STATE
	24 FL	A., Bethe	Rober sda,	t A. Pur Marylan	nphrey: Fun	eral	Homes FE	B 10 1982	John S	CALL	1



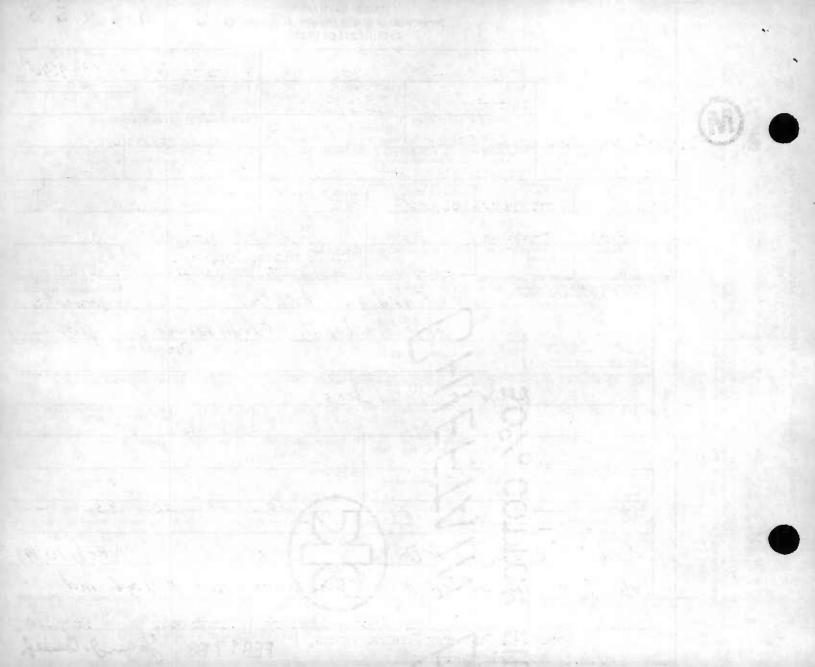
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) 83 DEATH MATED Walter Hinkins 19 6. AGE (IN YEARS DATE LAST BIRTHDAY PRONOLINCED 19 83 1898 DEAD Jan. 15, Male White 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON.D.C. WIDOWED XX DIVORCED Montgomery County OR INDUSTRY 2725 Washington Avenue EXEC. ASST. MARITIME COMM. ITH COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2725 Washington Avenue Montgomery NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST McGOLRICK CLEMENT KATHERINE 6069 WILSON BLVD (YES, NO, OR UNKNOWN) ARLINGTON. VA. 22205 YES WWI 216-38-5555 HELEN BENNETT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Years chronic myocardial disease. gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION None 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? STATE DEPARTMENT OF HE None NO S 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY CATHOME. II LOCATION STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 AT WORK 22a. I certify that I took charge of the remains described obove, held an death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE 1919 Seminary Road EXAMINER'S NAME M.D. S. Rogers. ADDRESS Silver Spring, Montgomery, Md. 23d LOCATION STATE GATE OF HEAVEN 24 FUNERAL DIRECTOR FRANCIS J. ADGGOLLINS **DHMH** . 17 (VR A15 ME (5) 500 UNIV. BLVD. W. SILVER SPRING MD. 20901

20M 4/82

STATE OF MARYLAND



		1.	FOR STATE REGISTRAR			DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENT CATE OF DEAT		ENE 8 3	0	4 9	5	3
			CEASED NAME F	IRST	WIDDIE		J.A.	ş <sup>T</sup>		20. DATE OF DEATH		DAY YEAR	2b. HO	UR O
120	eorth 3	(177)		2/0	tte n	avis	4	WEN	30	February	2 -	10-83	14:4	MOH
A. A.	4	3. SE	X	4	. RACE		S. DATE OF		rear	6. AGE (IN YEARS LAST	SIRTHDAY}	MONTHS DAY		R 24 HRS
- 8	1		Female		Caucasian		June		Lan	80	YRS.			JAN114.
	(IVI)		RTHPLACE (STATE OR FORE	ign 7	. CITIZEN OF WHAT	OUNTRY?	8. MARRIED	☐ NEVER MARR	IED 🗆	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	-	
			hington, D.	C. I	Jnited Sta		WIDOWED			Montgome				MD.
ě	41 49		TY OR TOWN OF DEATH	- 1'	<ol> <li>NAME OF HOSPIT.</li> <li>(IF NOT IN SUCH FACILITY</li> </ol>	, GIVE STREET A	DDRESS)		ION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKING LI	IFE) INDUSTR		ESS OR
201	19 0 10		ckville	JOWE OR O	Potomac Va	lley N	<u>lursin</u>	g Home		Homemake:	<u></u>	Ho	ome	
4 90	PR TOC	13a. S	TATE 136	COUNT	Y 13c. C1	Y OR TOW	4	13d. INSIDE CITY LI		13e. STREET ADDRES			11	
Na 2	24 PO		yland I	Mont	gomery   Be	thesda	l l	YES X NO	-	5306 Ham	oden La	ane	20	814
ARY well	nd 2	19. FA	FIRST		DDIE	LAST		FIRST		MIDDLE			AST	
E, M	E 0 0	lán V	Herbert VAS DECEASED EVER IN 1		ndolph	Davis		Bess:		Bland		AI.	lison	
AOR	Pages medica		(ES. NO OR UNKNOWN)		WAR OR DATES)		06 D	John H. I	liser	Jr., Sor	1,	.m 20	2054	
NLTIA e be	Cian File m		No			-32-56		8847 Belr	nart	Road, Poto	omac, i		0854 DXIMATE INTE	RVAL
., B.	pap pap nava ent, l		18 CAUSE OF DEATH (E PART I. DEATH WAS	CALICED	DV	(6), (b), and	0-/5	ic A	PPP.	< +			MONSET AND	DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL BALTIMORE, MARYLAND 2120	ing properties		4292 M	MEDIATE	CAUSE (o)		KUI			3/		110	men	<u> </u>
STO	re ca an, c		Conditions, if any, w	hich	DUE TO, OR AS A	HRTE	RIDS	clarati	. C.	tedio VASO	WLAR	4	lar-	2_
PR he d	emon mati		gave rise to immed cause (a), stating	iote	(0)			,,.	,	7	15002	e /		
W Not	ed by the eleose re rial, cren ar ather			lost.	DUE TO, OR AS A	LONSEQUE	NCE OF			~				
20 res th	ned plec		PART 2. OTHER SIGN(F)	CANTICO	ONDITIONS CONTRIB	JIING TO D	EATH BUT I	OT RELATED TO T	HE TERMI	NAL DISEASE OR CO	NDITION GI	VEN IN PART	110	
RDS	n sig Ther r to b	NO O			DIA betes	m	eLLi	tues						
9	rmit.	CERTIFICATION	190 DATE OF OPERATION	N	196 CONDITION F	OR WHICH	OPERATION	WAS PERFORMED		20e AUTOPSY?		S, WERE FIND		
ALR The I	ician.	TE			18.0					YES NOX		ES 🔲	NO [	
Z Z	Syr Oico		218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		216. TIME OF INJUI	RY ONTH DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	3 79	
SICIA	certification of plants of the	SAL	(IF EITHER, NOTIFY MEDICAL		P.M.		19			H C. S.	0.00			
SION OF VI	this this of M	MEDICAL	21d INJURY OCCURRED		218. PLACE OF INJU	JRY ORY, OFFICE, FA	RM ETC)	211. LOCATION STREET		CITY OR	TOWN	COUNTY		STATE
No S	ar attendi After this is as the bu alth and M marked ar	_	AT WORK NOT WHILE											
9.	ol or USe Heal Is me		22a   certify that (1) (thi		1) ottended the deced	sed from_	2 7			eoth occurred on the	10	19.83	, that (1) (	
ATTA	Scrok: d far us t of He m 21 is			(did ==1)	view the body after de	agh.			opinian d	eoth occurred on the	date and hou			
S.	DiRECTORE		226. SIGNATURE	3 X	1 1	MI	D	EGREE ATTEN	IDING _	MEDICAL _ ST	AFF _	22c. DA1	E SIGNED	law
TAL	RAL det		XXVW,11 C	-1/4	payter	1110		PHYS	ICIAN Z	DIRECTOR PHYS	ICIAN	re	010	198:
HOSPIT	FUNER Jidbe of the Str		226. PHYSICHAN'S NAME	(TYPE OR	PRINT)	. 0 2	20	22e. ADDRESS	*****	. 20 1	p. H	- / /		
Ď.	retained by the has TO FUNERAL DIREC should be detached with the State Dept WHORTANT: If Hem		Dell'IT 1.		WELAWY	er n	1()-			try Blad	BRIKE	800 h	70-	
ř	2 - 0 / 2	230 8	SURIAL, CREMATION, REA	MOVAL	23b. DATE Feb.			METERY OR CREM		23d. LOCATION CITY OR TOWN		COUNTY	24	STATE
	BP	07.5	Burial		15, 1983			oln Cemer		Brentwo			Mary1	and_
	H - 16 50M 4/82	24 FI	NAME RECTOR R	ober	t A. Pumph	rey <sub>res</sub> Fu	mera1	Homes,	DATE	REC'D. BY REGISTRA	25b. RIGIS	GAR'S SIGN.	Cale	il
	(VRA 15, 4)		РΔ	Bet	thesda Ma	ryland				TD = 1 1200	10	-		- 1



500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 24 HRS

20901

DAUGHTER

NO [

STATE

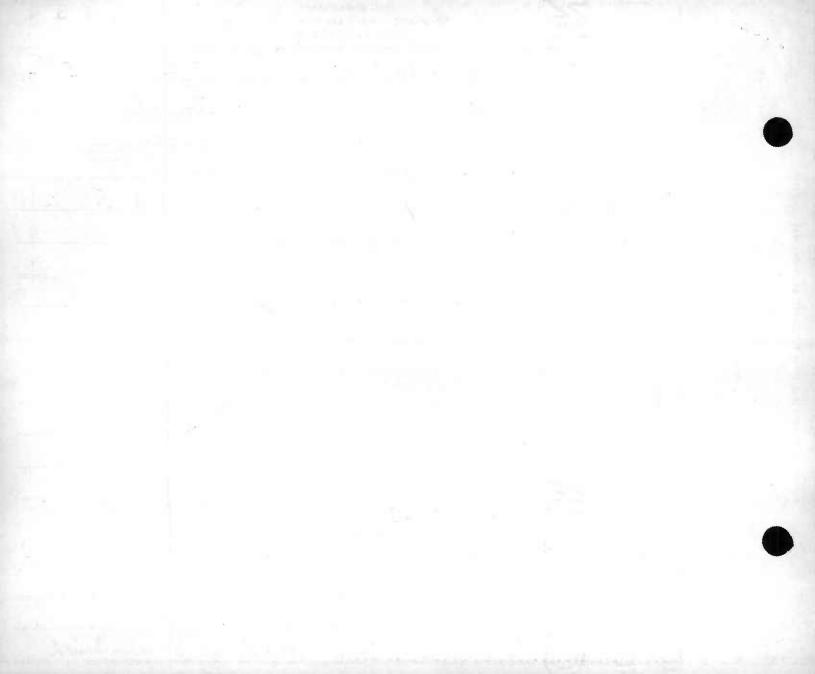
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HOURS

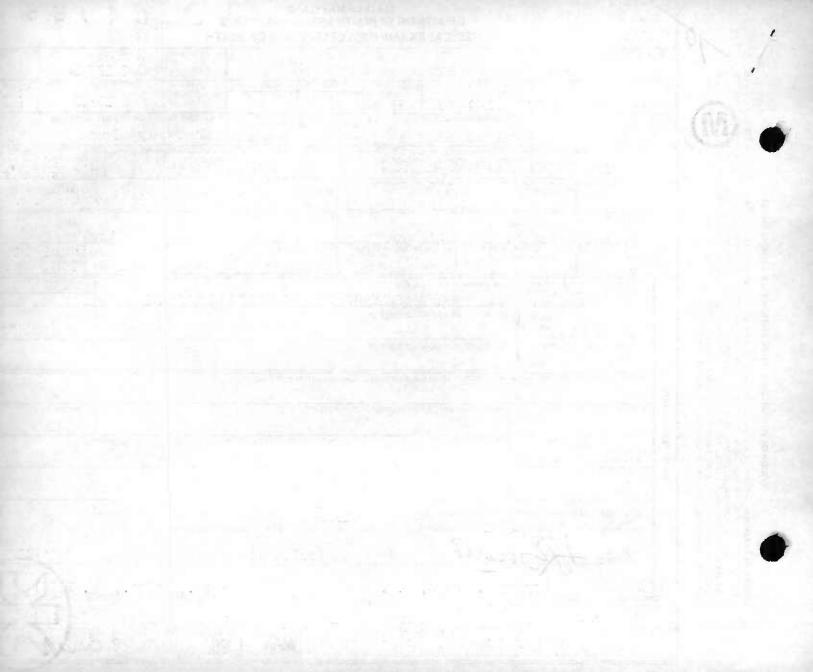
DHMH-16 20M (VRA 15, 4) 7/7B FOR

- STATE

REGISTRAR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN [X (TYPE OR PRINT) OF ESTI-DEATH MATED Robert Eric Hoffman 2/23/839 SEX 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 2/23/83,0 Male Cauca Apr. 5, 1947 35 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County United States Michigan DIVORCEDX TO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS Goldsmith Suburban Hospital Bethesda JSUAL RESIDENCE (IF IN NURSI) - ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI UNCOUNTY 13d. INSIDE CITY LIMITS? Washington DC M PM 3. AND 2 S. OF WITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Hoffman Helen Vitek 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRI829 Wainwright 166. SOCIAL SECURITY NO Father DIVISION (IF YES, GIVE WAR OR DATES) A. Hoffman Dr. Reston, Va. 378 48 Zvemunt 0467 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D VATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 6 7 IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAE DISEASE OR CONDITION GIVEN IN PART 1 (a) ⋖ CERTIFICATION USED AS 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES X NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection and in my opinian Hamicide Undetermined monner deoth resulted fram: TITLE (SPECIFY) ACTUAL 2/24/83 Assistant DATE SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. Penn St., Balto., Md. 21201 234. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Feb. 26,1983 Metropolitan Crematory Alexandria, Virginia ROBERT A ... PUMPHREY FUNERAL DHMH - 17 HOMES, P.A., BETHESDA, MARYLAND R A15 ME (5)) 20M 4/82



	1-	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		4 9 5 6
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	3 SE)		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
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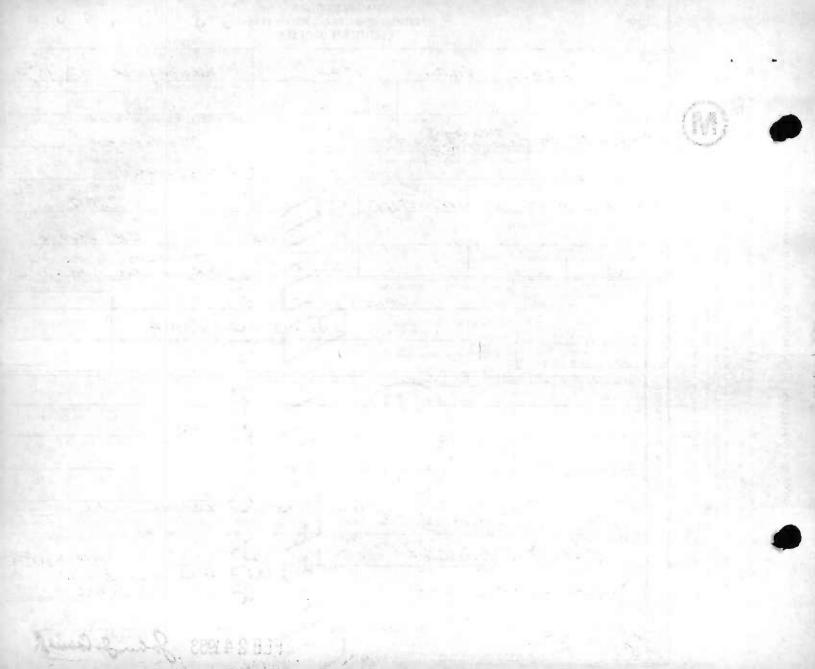
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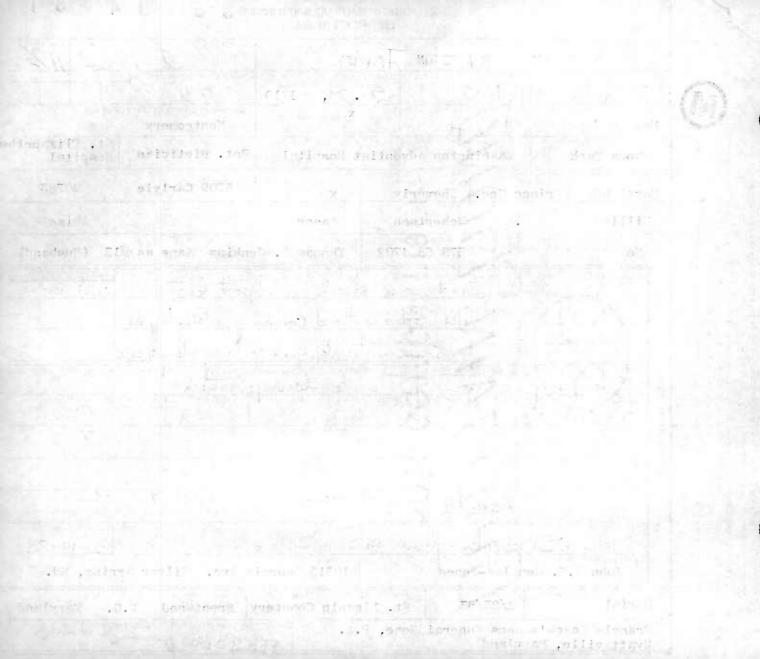
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME KNOWN TTYPE OR PRINTS HTRAM PAUL TRWIN DEATH MATED 19 8 4. RACE - 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY White Male PRONOUNCED 33 June 3, 1939 43 VDS DEAD 76. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. Montgomery WIDOWED DIVORCED 2, AND 3 TO THE R 3. RETAIN PAGE SHOULD BE FILED IN-CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOMASTA HANKINGLIFE Rockville ADVENTIST Tool Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113h COUNTY / 13d: INSIDE CITY LIMITS? 13. AREAT Beaderwood Court Rockville Prince Geo. YES X Maryland NO [ VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND MIDDLE MIDDLE Trwin Mary Rel1 William 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 7843 ADAMericana Circle DIVISION (YES, NO, OR UNKNOWN) Daniel M. Irwin Glen Burnie, Md. 21061 577 50 7488 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 10 5 c/200 513 gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost OF HEALTH AND MI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 4 INER: THIS CALL.
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TONE TO BE ARRANGED OF HEAI 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 228. I certify that I took charge of the remains described above, held on Autopsy Inspection deoth resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME 8218 WISCONSIN (TYPE OR PRINT) 23a BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Warldorf MarVTand 2/15/83 Trinity Memorial Gardens BP 250. DATE REC'D. BY REGISTRAR (25) REGISTRAR'S SIGNATURE Home. P.A. Trancis Gasch's Sons Funeral **DHMH-17** Hyattsville, Maryland (VR A15 ME (5) 15M 2/80

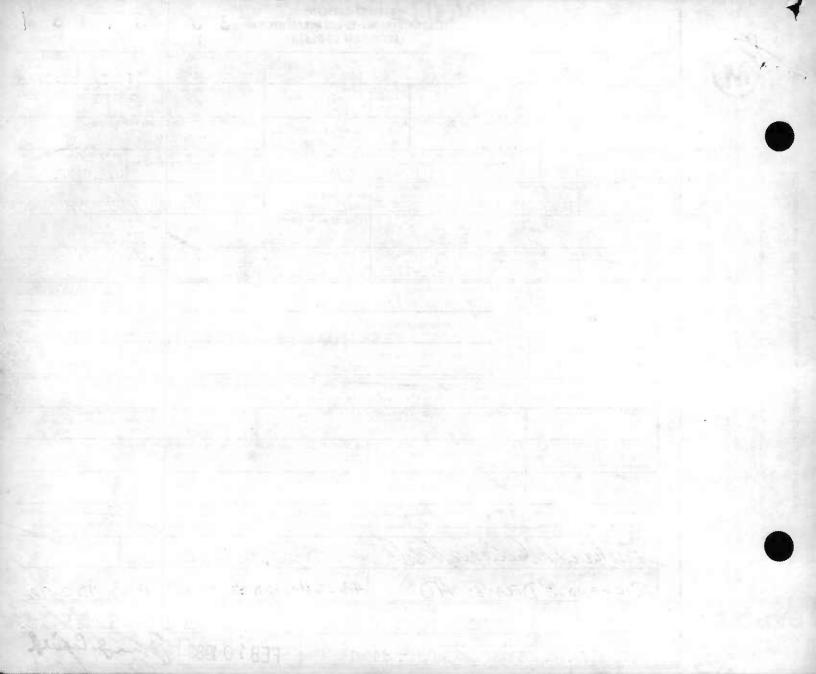
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O .	HYY Sir Adir	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
N N	DING PL or otten After thi e os the olth ond morked o	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
۵	DIN Or Se o		22a.1 certify that (I) (this hospital	ol) ottended the deceased from	APRIL 1981	10 FEBRUARY 1	9
	TOR TOR for u		sow the deceased alive on	FERRUARY 1519	23_, and that in (my) (our) opinion	n death occurred on the date and hour	and from the couses stated
	OR ATTE hospite DIRECTO oched for Dept. of them 21		obove, (I) (we) (did) (did not) 22b. SIGNATURE	view the body offer death.	DEGREE		22c. DATE SIGNED
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			URIAL, CREMATION, REMOVAL	AND AND COMPANY OF THE PARTY OF	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	DUNTY STATE
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(VRA 15, 4)



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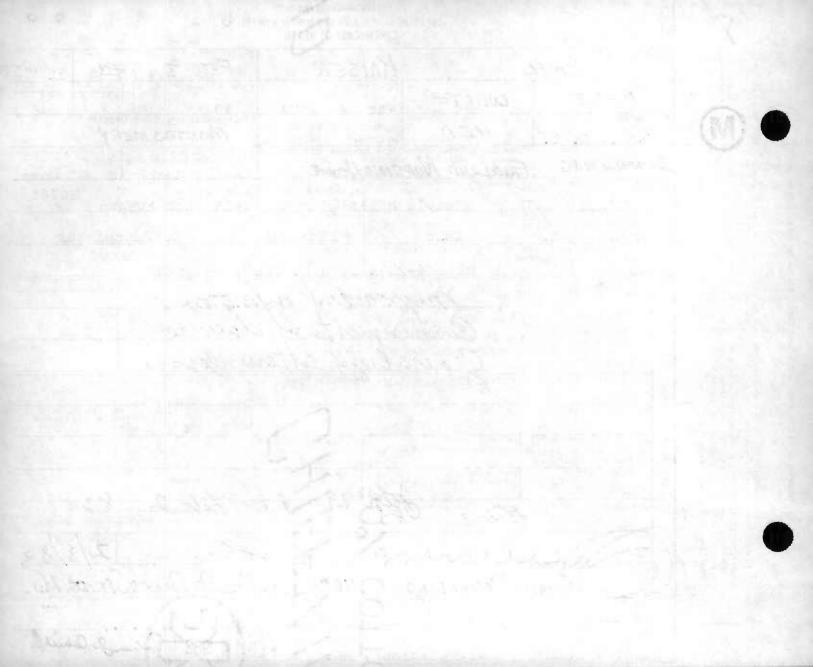
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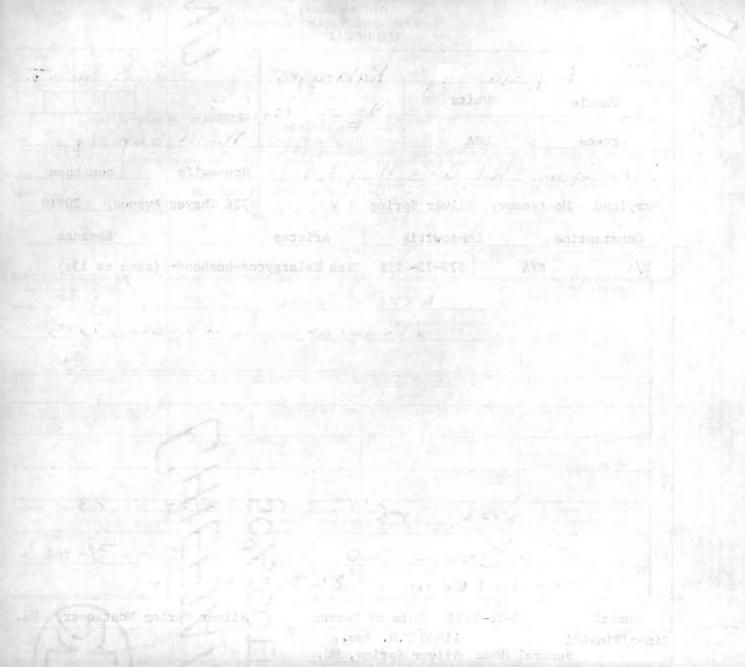
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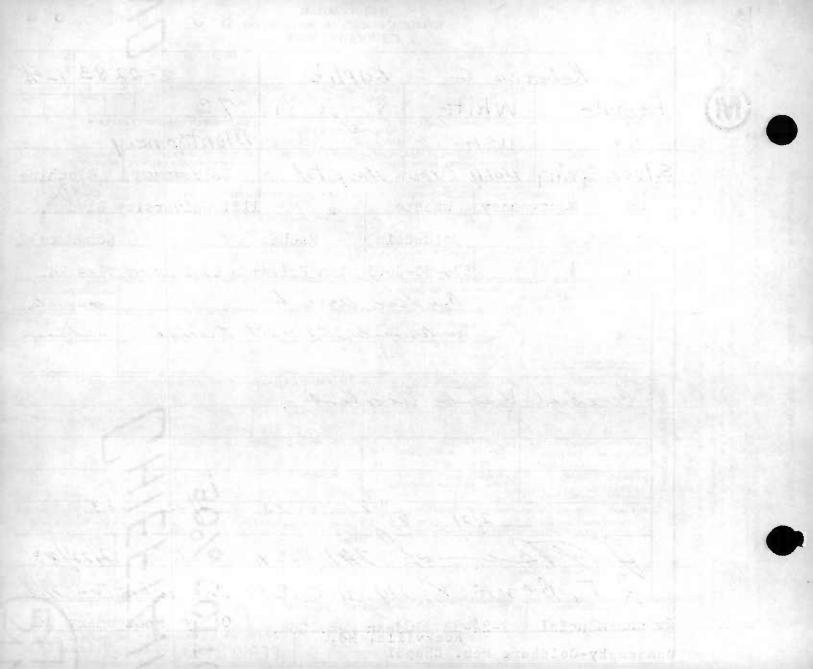
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tor, pag affer de	3. SEX MALE	4. RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR Mar 4 1889	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
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equires that the death cert in signed by the attending. Then please remove carbon to buriol, cremation, ar rec injury, or atter traumatic es	Canditions, if any, we gave rise to immedicate (a), stating underlying cause	diote the DUE TO, OR AS A CONSEI	vary as Tery	doscuse Two Cleus MINAL DISEASE OR CONF	DITION GIVEN IN PART 1	to .
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O HOSPITAL For FUNEAL Food by the Food by	224 PHYSICIAN VAN	ONN J. MERBNOIN	PHYSICIAN  120. ADDRESS  11680 KEM	P DIRECTOR PHYSIC	WERSPRIA	5/83 5. Mo.
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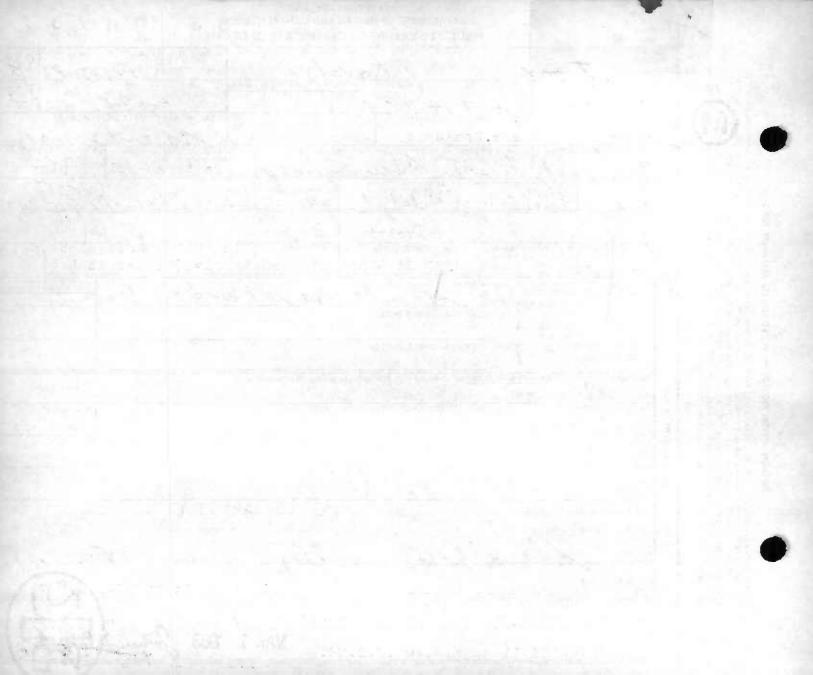


Funeral Home Silver Spring, Md.

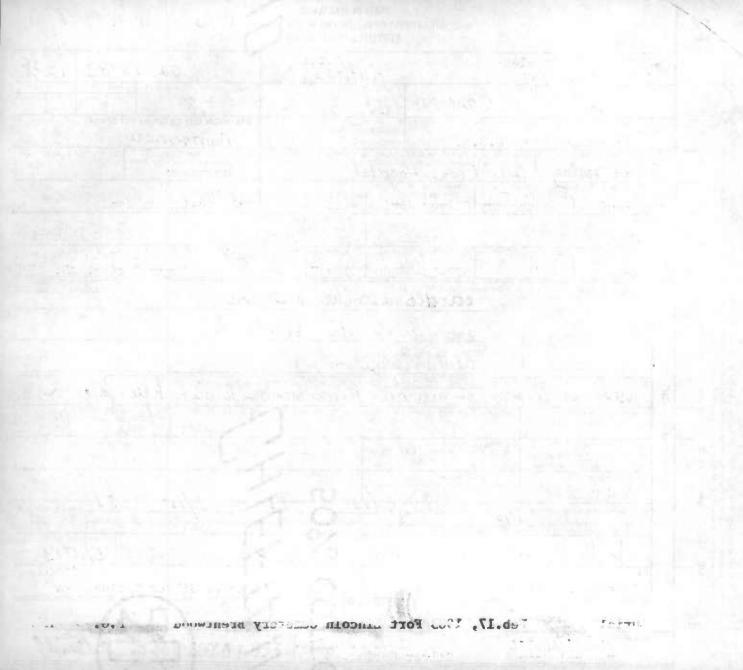
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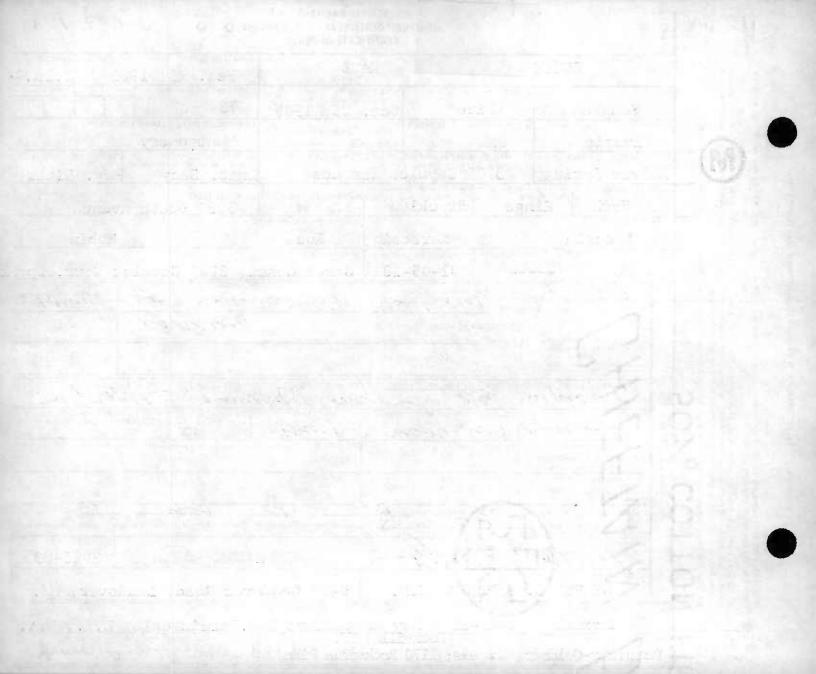




DIVISION OF VITAL RECORDS,



(VRA 15, 4)



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0 21	24	Y & sho	13o.	USUAL RESIDENCE (Where decegsed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 20760
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BAL	ē e	pap pap ent,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RDS,	aduir	\$ = 0	ATIO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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5	phy:	riol-1	MEDICAL	(If either, natify medical examiner) P.M. 19
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	HYSICIAN	certifi he bur priar 1	N	21d. INJURY OCCURRED While Not while at work A thome, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County Stote
IVISI	PHY	this os t		22a. I certify that (1) (this haspite) attended the deceased from 250 5, 19 45 to 7 19 87, that (1) (included)
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	A AI	DIRECTOR detached and Ment		DEGREE PHYS. DEGREE PHYS. DIRECTOR D PHYS. Tele. 27 1983
		- 0		22d. PHYSICIAN'S/
	HOSPITAL tained by	FUNERAL Health		NAME (Type) John G. +aucett 16610 Sugarland Rd., Boyds, Md. 20841
		Z - 0		DUDIN COLUMN DATE
			230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Toyon) (County) (State)
	5 <sub>9</sub>	shauld shauld of Heal		BURIAL (REMATION, 123b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tormy (County)) (State)  Durial March 2 1983 Darnestown Tresbyterian Cem. Duries town  HUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2 SIGNATURE  ADDRESS 250. REC'D BY REGISTRAR 2 SIGNATURE

STATE OF MAKTLAND

Inc.sil

2-10-112 39 A STATE OF THE STA FEB 2 + 1983 Januar Canil A

F. Gasch's Sons F.H. P.A. Hyattsville. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN CHISET AND CEATH

NO F

STATE

Maryland

Bank of Md.

IF UNDER LYEAR

Monahan

COUNTY

COUNTY

P.G.

250 DATE REC'D. BY REGISTRAR 260 REGISTRAR S. S. K.

Th. DATE SIGNED

No# 13e.

Address Same as

20. DATE OF DEATH MONTH

- STATE

REGISTRAR

DECEASED NAME

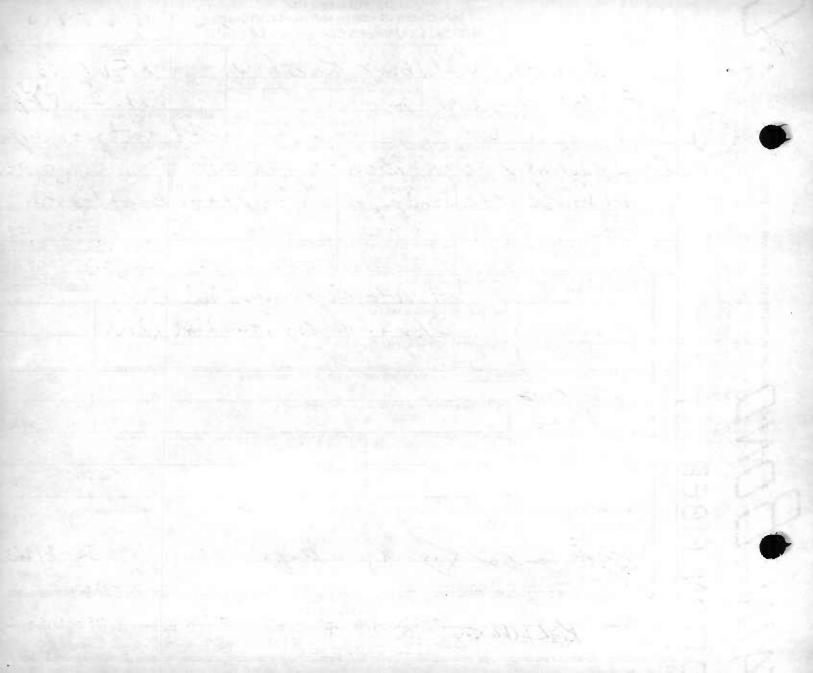
24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

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Total Reb. 1,1935 Happinol Set. Committee to Landing Set. 1935 American Challenian L.A. Fare Tank

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) DEATH MATED 4. RACE 3. SEX IE LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 0 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY S. A. WIDOWED DIVORCED Mass. ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING (IFE) Secretary 3 Gov't 20860 130. STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? T. PAGES 1 AND 2 SH DIVISION OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME M PM MIDDLE MIDDLE FIRST Salisbury Clara M. Warren Freeman 166. SOCIAL SECURITY NO. ADDZET 05 Willow Hill 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT LIE YES GIVE WAR OR DATES 577-10-1593 Warren W. Kershow Rd., Rt. 3, Anna. Md No CAUSE OF DEATH (Enter only one-couse per line for (a), (b), and (c). ILD BE USED AS A BURIAL - TRANSIT PERMIT. MENT OF HEALTH AND MENTAL HYGIENE, DI TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CH NO DE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING L OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 31 ATER DEATH THE STATE DE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK 22a. I certify that I taak charge af the remains described above, held an Autopsy Inquiry and in my apinian Natural causes death resulted from: Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Silver Spring DME Rogers ADDRESS 234 LOCATION The NAME OF CEMETERY OR CREMATORY
Cemetery STATE Arlington BP P.O. DHMH - 17 Spr., (VR AT5 ME (5)) 20M 4/82



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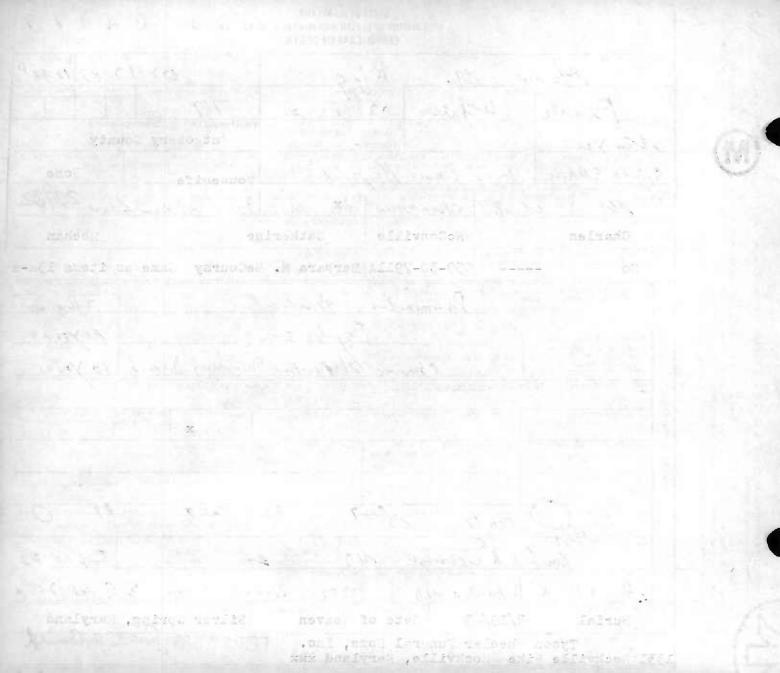
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20M 4/82

STIPPORTERING CONTROL OF THE PROPERTY. 

			STATE OF MARTLAND		48 63 / 63
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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25. HOUR
	Mari	<b>`</b>	Ning	01-	1 -83 12:38.
3. 5	X	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HR
	Temale	White	MONTH DAY YEAR	YRS.	
70	COLLETONS	L. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
11	10 cor X OK II	U.S.A	WIDOWED DIVORCED	Montgomery C	,
-6 10	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LE	12b. KIND OF BUSINESS C
10	ilver SPAins	Holy (noss	1105 Pu/at	Housewife	Home
	JAL RESIDENCE I F NURSING MOME OR OT STATE 136 COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE IT  134 CITY OR TOWN  51/00 D	N 134. INSIDE CITY LIMITS?	130 STREET ADDRESS	Lane 2090:
14.	ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
50	Charles	McConvi	.lle Catheri	ne MIDDLE	Meehan
160	WAS DECEASED EVER IN U.S. ARMI			ADDRESS	
	(YES, HOOR UNKNOWN) TIF YES, GIVE V	WAR OR DATES) 059-30-7	911A Barbara M.	DeCoursy Same	as items 13a
	18 CAUSE OF DEATH (Enter only	one couse per line for (a) (b) on	1(c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUSED	BY:	1 11/1	/	2 weeks
	4920 IMMEDIATE	0.1000 (0)			
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	SOAL SAM	/	10 YEORS
	gove rise to immediate cause (a), stating the	(b)	105.05		
	underlying cause lost	DUE TO, OR AS A CONSEQUE	essic Obstructive	Relauxarry Distage	15 Vegas
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VEN IN PART 110
CERTIFICATION				Ton us we	C WEST CHIEF TO LOCALIST
7 8	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
4		THE OF INTERV	THE HOW BUILDING COCKET		ES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR ZIC HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
1 A	[IF EITHER NOTIFY MEDICAL EXAMINER]	P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK			6/15	43
	22a.1 certify that (I) (this hospital		3 and that in (my) (out) opinion	double assured as Ab. 1 as Al	19_83 that (I) (We)
	saw the decease alive on	view the bady after death.		death occurred an the date and ha	
1	abave, (ii) we fall full full full		DEGREE		22c. DATE SIGNED
	22b. SIGNATURE	1 1 1 1 0	ALA ATTENDING	MEDICAL STAFF	R 1
	Much.	1 h Oobulge		MEDICAL STAFF DIRECTOR   PHYSICIAN	Fef 12 8
	276. SIGNATURE  Much  276. PHYSICIAN'S NAME ITYPEORE	1 h Tobulge	22e ADDRESS	DIRECTOR   PHYSICIAN	Fef 1) 8_
	Much.	1 h Tobulge Dobnidge 41	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Fef 1) 8_ S. S. Hol. 209
230	22d. PHYSICIAN'S NAME ITYPEORE  MICHAEL REMOTION REMOVAL	Dobnidge MAS	PHYSICIAN 2 220 ADDRESS 13 97 5 COA VAME OF CEMETERY OR CREMATORY	PORECTOR PHYSICIAN DE STATE DE	F. S. Add. 209
236	226. SIGNATURE  Much  226. PHYSICIAN'S NAME ITYPEORE  Michael R:	Dobnidge MAS  1236 DATE 1236 N	PHYSICIAN 2 22e ADDRESS 13975 COA	23d LOCATION Silver was pring	, COMaryland MATE
	224. PHYSICIAN'S NAME ITYPEORE  Michael R1  BURIAL, CREMATION, REMOVAL  [SPECIFYBURIAL]	Dobaidge 418 2/19/83 GE	PHYSICIAN 2 220 ADDRESS 13 97 5 COA VAME OF CEMETERY OR CREMATORY	23d. LOCATION Silver Spring	, COMaryland MATE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 7h HOUR 10-6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH nontao meky 121 KIND OF BUSINESS OR ORK FOR MOST OF WORKING LIFE HomeMaker Home 20816 5101 Ridgefield Silberberg Chevy Chase, Md. Doris K. Silverman 8809 Montgomery Ave. THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE

24. FUNERAL DIRECTOR JOSEPHGAWLET Sons. Inc.

Mt. Hope Cem.

Rochester, N.Y.

22c DATE SIGNED

NAM5130 Wisc. Ave. N.W. Wash., D.C.

DHMH-16 30M 2/80 (VRA 15, 4)

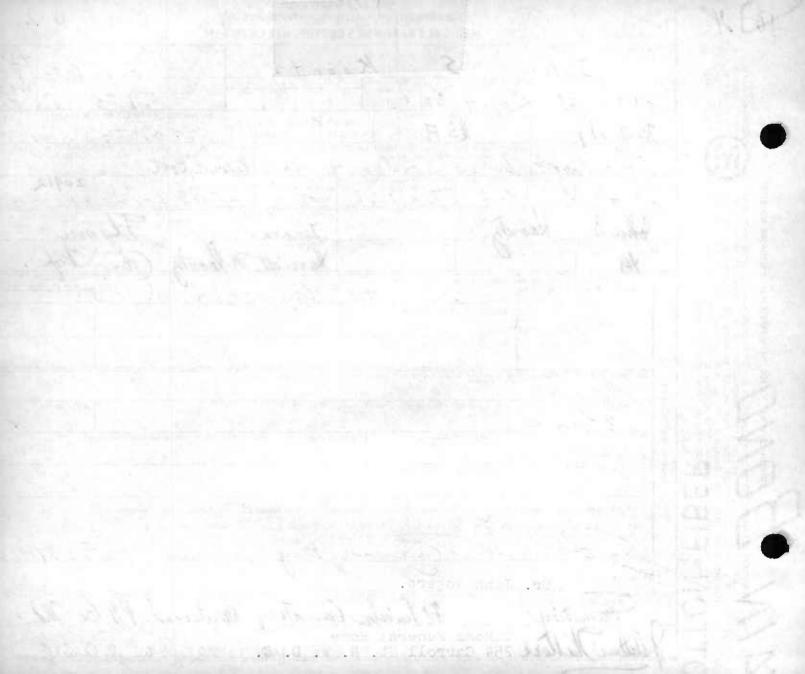
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	1 05			MIDDLE		ACT I	REG. NO		ue le	
		CEASED NAME FIRST		ALLEN	KAL	111/05	20. DATE OF DEATH	2-21	7-82	1150
	3. SE		4. RACE	// ELLIV	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	7	F UNDER I YEAR	IF UNDER 24 HRS
		MALE	CAUCAS	SIAN	FEB		57			HOURS MIN.
9	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	210	D XNEVER MARRIED -	BALTIMORE CITY O		OF DEATH	
5/2		MASSACHUSETTS	110	1	WIDOW		MONTO	OMERY		MD
A .	10. C	ITY OR TOWN OF DEATH			RSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON	12b. KIND OF	BUSINESS OR
1/2	8	STIVER SPRING		CROSS		1	ELECTRICAL		VIT1	20
	USU	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION	N GIVE RESIDENCE BI	EFORE ADMISSION)			LING	I VIII	W
26			GOMERY	WHFAT		13d. INSIDE CITY LIMITS? YES XX NO	10022 T	ALEWOO	וודמת חו	E 20902
		ATHER'S NAME			UN	15. MOTHER'S MAIDEN NAM		ALLWOO	U UKIVI	20902
5		FIRST	MIDDLE	AND TO		FIRST UT LODEO	MIDDLE	OTTAC	LAST	
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1		NO.			4-1991	LOLGA KNOWLES	SAME A	S 13	WIF	
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	1 1-	), and (c1.)	cl 10			BETWEEN OF	NSET AND DEATH
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mom		7/77	DUE TO, O	OR AS A CONSE	OUENCE OF	1. 1.	0			-
100		Conditions, if ony, which gave rise to immediate	(b)_	Coruni	my ItV	tery Diseco	بلا			
ther		cause (a), stating the underlying cause lost.	DUE TO, C	DR AS A CONSE	OUENCE OF					
010			(c)_							
, kindu	Z	PART 2. OTHER SIGNIFICANT	QUCOL	ONTRIBUTING	C. HEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART Ita	
ony	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WH	IICH OPERATIC	N WAS PERFORMED	20a AUTOPSY?	206. IF YES,	WERE FINDING	GS USED
2	E	1			/		YES NO X	IN CERTIFY YES	ING CAUSES C	OF DEATH?
0	E .	21s. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY OCCURRE				140
G Hell S		OR CONTRIBUTING CAUSE OF D			DAY YEAR	10000				
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 216, INJURY OCCURRED		OF INJURY	19	211 LOCATION			-	
	WE	WHILE NOT WHILE		TREET, FACTORY, OFF	ICE, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK — AT WORK	1) attanded t	be deserted for		124 1083	2/2.	7	82	
		220.1 certify that (1) (this had saw the deceased alive a			77	nd that in (my) ( opinion de	oth occurred on the do	te and hour		not (I) ( lost
		saw the deceased alive a above, (1) ( <del>un) (d.d.)</del> (did r	not) view the bod	y after death.		DEGREE	om occurred on me de	ile Olid 11007		
		7 2 11	. /	1	1,	ATTENDING_	MEDICAL STAF	F.	22c. DATE S	IGNED 3
		force of	· (h	mm.	> //	PHYSICIAN A	DIRECTOR PHYSIC		1/22	18-5
1		THE PHYSICIAN'S NAME (THE	CHARMA			22e ADDRESS	0 7 4	- 1	1.	
1		Fraul N.	Gray	INO		5632 Shield	s Or, Bel	Lesde	, MD	J
	23a. I	BURIAL, CREMATION, REMOVA	L 23b. DATE	2	3c NAME OF	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		CREMATION	2/28	183 W	ETROPO	ITAN CREMATORY	/ ALEXAN		VIR	GINIA
B2	24. F	UNERAL DIRECTOR FRANC	IS J. Co	LLINS	55		REC'D. BY REGISTRAR	256. PEGISTR		RE
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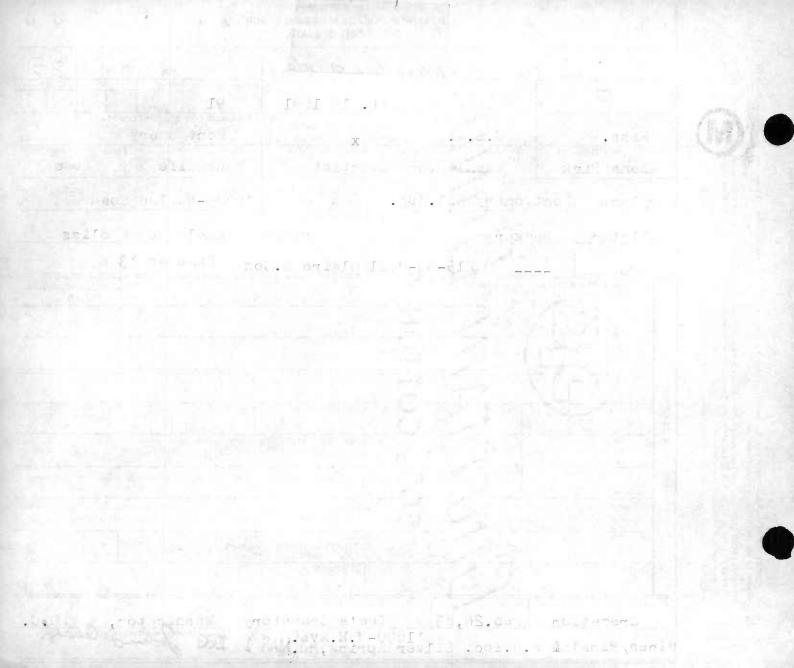
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12-11	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE ( )	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 (1) A (2) S (2)							
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- 10 M	10.0	CITY OR TOWN OF DEATH III NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORL) 120. III	KIND OF BUSINES	MD.						
(M)7	/	Tek. Port Wath Advent Have teleral Art.	OR INDUSTRY							
F ANY DE SECOND	1000	AL RESIDENCE (IF IN MILE ID SMIT DE OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  13c. CITY OR TOWN  13d. INSIDE (ITY LIMITS?  YES NO   13e. STREET ADDRESS  YES NO   10 C S	20912	e .						
	14. F	FATHER'S NAME N	LAST							
DRE, M DEATH GES 1, WM PM AND 2	/	Con A. Karih. Last Leura, MIDDLE They is	IACI.							
MON NO NO	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. STORMANT	od = 1							
TAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD HOUID BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IR OF "PROFICI" IN ITEM 18. GIVE PAGES 1, 2, WITH FORM PM 19. SED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SOF HALTH AND MENTAL HYGIENE, DIVISION OF MARIAL, CREMATION, OR REMOVAL.		YES Harriett M. Keents (13e)	Kefe.							
ST.,		18 CAUSE OF DEATH (Enter only one couse per line far (a), (b) and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERV. ETWEEN ONSET AND DE	AL						
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S. S		(c)								
RECORDS, ID BE EXEC PENDING" MEDICAL AS A BUI PALH AN CREMATI	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).								
ALREC DUID F D."PEN BED A! SED A! IAL, C!	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?							
F VITAL RE TE SHOULD WORD "PEI TE CHIEF M TE CHIEF N TO F HEF TO BURIAL, C	1 =	None	YES NO							
OF VI OF VI E WO THE CD BE VENT	8 6	276 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)		7						
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BAUTIMORE, MARYLAND, 21201 PRIQR TO BURIAL,	2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	\$17	ATE						
ME TI		22a. Leertify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry , and in my opinion								
EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR: WITH THE S		death multed from Notural couses Accident , Suicide , Hamicide , Undetermined monner .								
KAN KEERTIA	10	TITLE (SPECIFY)								
A S S S S S S S S S S S S S S S S S S S		ACTION DELLE MEDICAL EXAMINER SIGNED	162119	83						
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TO MEDI EXECUTE PAGE 4 TO FUNE BALTIMO	1	TYPE OR PRINT) Dr. John Rogers. ADDRESS								
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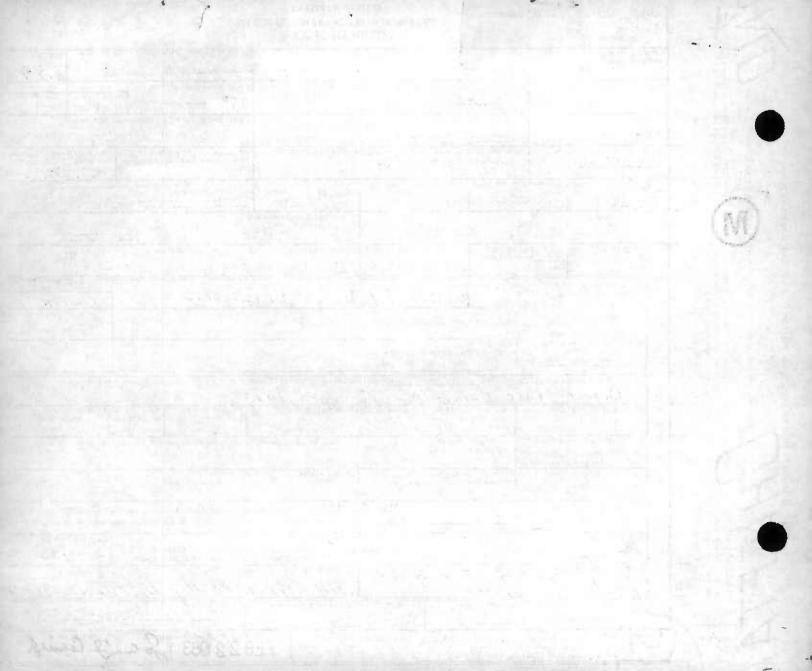
CTATE OF MARYLAND



STATE OF MARYLAND



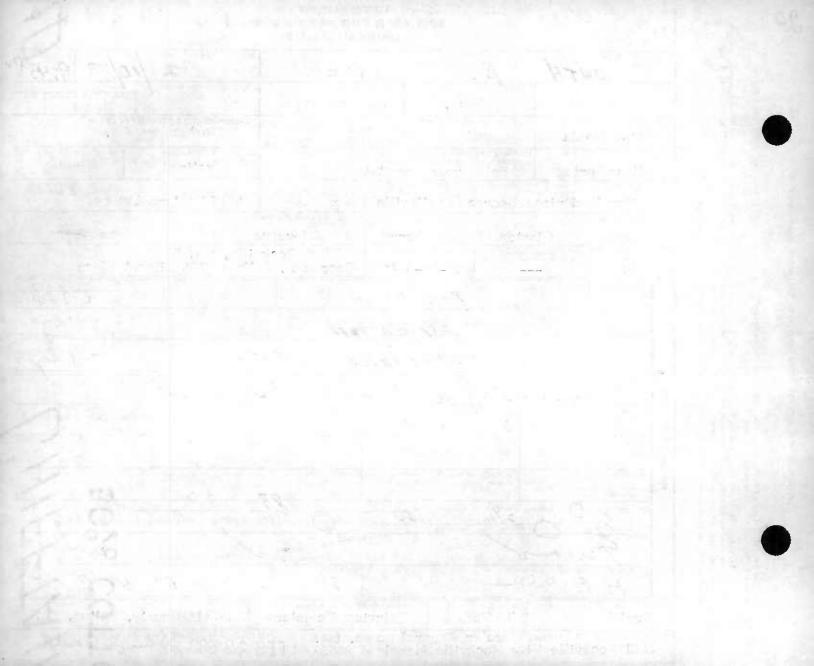
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aa)	3. SE	X	4. RACE		TE OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	(HDAY) IF UN	HOER I YEAR IF UNDER 24 HRS
oge 4		Male	Caucasiar		rch 29, 1909	173 -53	YRS.	HS DAYS HOURS MIN.
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by the filed with	I	ITY OR TOWN OF DEATH Rockville	Rockviii	le Nursing		(Type of work for most of Career Sem	F WORKING LIFE) IN	26. KIND OF BUSINESS OF NDUSTRY U.S. Gov't
AND 21	Ma	AL RESIDENCE (IF NURSING HOME OF TATE 136 COURTY NONtg		RESIDENCE BEFORE ADMISS CITY OR TOWN COMAC	YES NO	11906 Hari	nony La	ne 20854
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i W. PRESTON not the death ce by the attendin ase remaye carb i, cremation, ar atter traumatic		Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE O	)F			
RDS, 201 equires th signed I Then pleo to burial	Z	PART 2. OTHER SIGNIFICANT		RIBUTING TO DEATH	. +	ERMINAL DISEASE OR CON	DITION GIVEN IN	V PART 1(0)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The law requires that the death certificate be executed physician.  Wher this certificate has been signed by the attending physician and consist the burial-transit permit. Then please remove carban papers. Pages of the burial-transit permit. Then please remove carban papers. Pages that and Mental Hygiene prior to burial, cremation, or remayal.  The and Mental Hygiene prior to burial, cremation, or remayal.  The and Mental By shaws any injury, or ather traumatic event, the medical examine (must be an activated or them 18 shaws any injury, or ather traumatic event, the medical examine (must be an activated or them.)	CERTIFICATION	190 DATE OF OPERATION			TION WAS PERFORMED	O 200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH?
VITA Nysica Incore Incore Incore Incore	GR	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 (	OR PART 2)
SICIA ng ph sertif rial-t	CAL	OR CONTRIBUTING CAUSE OF DE.	All I		19			
DING PHYSICIAN: or attending physics After this certificates the burial-transition alth and Mental Hymarked or Item 18:	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF II (AT HOME, STREET, F	NJURY ACTORY, OFFICE, FARM, ETG	211. LOCATION STREET	CITY OR TOV	IN C	OUNTY STATE
2 a a a a		220.1 certify that (1) (this hasp	ital) attended the de	0.5	VERBER 19 8	22, to FEB 11,		83_, that (1) (we) las
R ATTEN haspital haspital red for upon the pot. of H ben 21 is			t) view the bady after	19 <u>9.3</u>	, and that in (my) (aur) apin	ian death accurred an the de		
SPITAL OR AT J by the hasp NERAL DIRECT be detached it e State Dept. a		27 Engen P	32a	1	DEGREE  ATTENDING PHYSICIAN	S MEDICAL STAI	FF /	27. DATE SIGNED 2/13/83
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: If		Dr. DONATO	Dillow	FLANHER	18/11 Prin	vee Phillip	Dr. O.	/vcy 20832
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DHMH - 16 50M 7/77 (VR A 15 (4))	24. FI	P.A., ROCKVII	RT A. PUMPI LE,MARYLA	IREY FUNER	AL HOMES. 1250. [	FEB 2 2 1983	25h GISTRAR'S	J. Cahulf



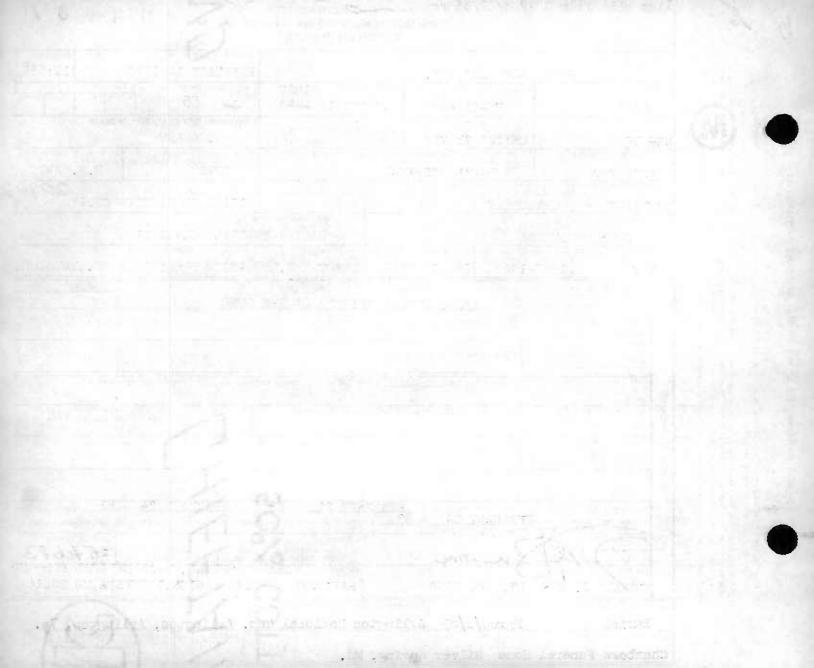
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$\mathcal{N}[k]$	7a BI	RTHPLACE (ST.	ATE OR	76. CITIZEN OF WE		8. MARRI	IED NEVER A	AARRIED [	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
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5	16a. V	VAS DECEASED	EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDR	ESS	*	
3	1	les. Sp	anish Ame	er. WWI&W	II(579-46	-6028	) Rober	t B. Ia	ne Same a	s Item	# 13	
		18. CAUSE OF	DEATH (Enter onl	y one cause per line	for (o), (b), ond (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
į.		PARTIDE	ATH WAS CAUSED	BY:	Arterioscle	rotio	cardio	vascula	r disease	9	DETWEEN ONSE	I AND DEATH
20	190	71	12		AS A CONSEQUENCE						12124	
REA			s, if ony, which	(b)								
O		couse (o)	stating the <u>under</u> -	< ''	AS A CONSEQUENCE	OF						
		lying caus	se last.	(c)								
		PART 2 OTHER SIG	NIFICANT CONDITIONS		BUT NOT RELATED TO THE TERM	IINAL OISEASI	E OR CONDITION GIVE	N IN PART E (a).				
	O N											
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2	MEDICAL CERTIFICATION	210 EXTERNA	L CAUSE WAS	11b. TIME OF HOUR A.M	INJURY . MONTH DAY YEAR		OW INJURY OCC	URRED LENTER N	NATURE OF INJURY IN ITEA	A 18 PART I OR PAR	RT 2)	
1	CAL	CONTRIBUTION	G CAUSE OF D							150		1,711
X	AED	21d INJURY O	CCURRED NOT WHILE		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN	COU	UNTY	STATE
	-	AT WORK	AT WORK									
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A		death resulte		al causes XX,		icide	, Hamicide		ermined manner	],		
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Aug - man	W/ -	- 0	9/ 0-		TITLE (SPECIF		Figure 1	T.K.		
H. X. —		ACTUAL SIGNATURE_	MOU	eo ore	mille	M	Assista	-+	ICAL EXAMINER	DATE	2-16-83	
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EER S		EXAMINER'S I (TYPE OR PRIN	March March	garita A.	Korell, M.D		ADDRESS1	11 Penn	Street			7
4 A _	23a.BI	PECIFY)	ION, REMOVAL 2		23c. NAME OF CE			23d LO	CATION OR TOWN	COUN	NTY S	TATE
			ations	2/17/83		111 0	remator	y Su:	itland, M		Andrews .	
7	24 FU	NAME TO	Joseph	Gawler's	Sons, Inc.		25 a. C	DATE REC'D. BY	REGISTRAR 120	EGISTRAR'S S	IGNATURE	
5)}		ו סכדכ	NTSC. AVE	SO TIONO ME	ione a nece	4	1 6	ER 02	1083 1	me	Cohely	
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Mile Park Park Name Wastington x 400 dogs. N.W. extra same ica. Institut unan. Martin II(570-44-078) Panari ann aminen .co .b), bandine yntrone fill communication without, id. Vosent Luler's ons, inc.

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oy be	(TYPI	CEASED NAME FIRST	A.	DDLE	LA	STONE		REG. 26. DATE OF DEATH	2	0/83	26. HOUR 9:45 PM
ge 4 mc scrar. p	3. SE	Female	Ca Ca	uc.	5. DATE OF	10	1906	6. AGE (IN YEARS LAST	BIRTHDAY)	HENDER I YEAR	HOUSE MIN.
deoth. Pag	20. B	Pennsylvania	76. CITIZEN OF W		8 MARRIED WIDOWED		MARRIED	9. BALTIMORE CITY Montg	or county comery	Co.	AAD
by the fur		Silver Spring	11. NAME OF HO	OSPITAL, NURSING ACILITY, GIVE STREET	G HOME OF			120. USUAL OCCUP.  (TYPE OF WORK FOR MO.  reti		PE) 126. KIND C INDUSTRY NU	of BUSINESS OR rsing
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an and c		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	66. SOCIAL SECU 276–09–8		Georg	ge L. Co	ville, Md. ottman 509	20851 Gilsec		MATE INTERVAL
uires that the death certific signed by the attending physique please remove corbango burial, cremation, ar rematry, or other troumatic even	z	18. CAUSE OF DEATH LENTER PART I. DEATH WAS CAUS 2989 IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR /	AS A CONSEQUE	NCE OF	on 1	D TO THE TERMI	NAL DISEASE OR CO		7-0	J days J days 8 days
IN: The law req nysician. Icate has been ronsit permit. The Hygiene priar the Hygiene priar the	CERTIFICATION	190. DATE OF OPERATION	19b. CONDY	ON FOR WHICH	OPERATION	I WAS PERFO	,	200 AUTOPSY?  YES NO	20b. IF YES	S, WERE FINDING CAUSES	IGS USED OF DEATH?
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retoined by the TO FUNERAL I should be detoined with the Stote I IMPORTANT: H		to Ecla				220. ADDRES	ss, - 9i	Mons		UNISA	בית היד
BP		Burial, cremation, remova Burial	2/16/83		Fairvi	ew Ce	metery	Cambria		•	
IMH - 16 50M 4/82 (VRA 15, 4)	24. F	uneral director Tyso 1331 Rockville	n Wheeler Pike Rock	Funera ville Ma	l Homeryland	e, Inc.	250. DATE	REC'D. BY REGISTR.	AR (5) REGIST	TRAR'S SIGNAT	ure



	1-	FOR STATE REGISTRAR		The same	CERTIF	ICATE OF DEATH	REG. NO		
m £		OR PRINT)	FIRST	MIDDLE	ı	AST	20. DATE OF DEATH		76 HOUR
and a	-		OHN HENRY L	EE, JR.	In course		FEBRUARY 2		11:55
0 0mm/01	3. SEX		4 RACE	OT 437	5. DATE C	BER 18 <del>192</del> 8	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	HOURS A
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od / 50	14. FA	THER'S NAME FIRST  JOHN HEN	RY LEE	LAST		15. MOTHER'S MAIDEN NA MARIAN E	ME EATRICE COT	TRELL	ST
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os been signed bermit. Then ple the prior to burion ws ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIF				NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSES	NGS USED S OF DEATH
cate hransit p Hygier 18 shov	E .	710, ACCIDENT WAS UNDER	LYING 7 216, TIME C	OF INJURY		21c. HOW INJURY OCCUR	YES NO X	YES OR PART 2	NO []
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d Men	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	D 71e. PLACE	OF INJURY TREET, FACTORY, OFFICE, I		211 LOCATION STREET	CITY OF TO	wn COUNTY	STA
e o ±		22a.1 certify that (I) (ti	his hospital) attended t	he deceased fram_	FEBRU	JARY 22 19 83	to FEBRUAR	Y 24 19 83	that (1) (we
se os th solth on morked			alive on FEBRUAR	RY 24 19 8	0.0	nd that in (my) (our) opinion	death occurred an the do	ate and have and fram the	couses state
for use as the of Health on 21 is marked		saw the deceased	) (ded after you the hads						CICNED
AAL DIRECTOR: After the detached for use as the cote Dept. of Health on UT: If them 21 is morked.	2	228. Stone June	Par the body	ATML		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	27c. DATE 26 26	Feb 8:
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deto deto	23a E	276. SION UR 276. SION UR 27d. PHYSICIAN'S NAM	SEN, LT, MC	C, USNR	NAME OF C	ATTENDING PHYSICIAN [	PITAL REGION  23d. LOCATION CITY OR TOWN	AVAL MEDICAL	COMMA D 20814



2222 Wisconsin Ave., N.W., Washington, D. C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

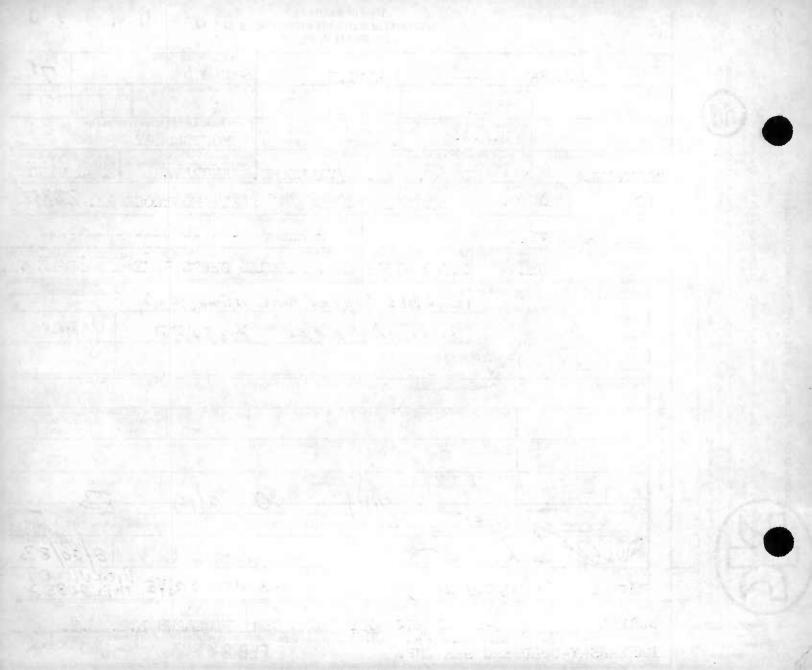
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8	1,	FOR		DEPARTM		E OF MARYLAND HEALTH AND MENTAL HY	GIENE 8 3	0	4 9 8	9
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do Bar	1,5E	X	4 RACE		5 DATE (	OF BIRTH H DAY YEAR	6 AGE JIN YEARS LAST BIRT		FUNDER I YEAR IF U	NDER 24 HRS
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Poges medico		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	579-18-0	356	Paul C Seb	astian 7521	Bradle	av Blud	Bethe
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Application of the statement threat is a second of the statement of the st TVOS LEIDTER SEL 

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	24 hour	Us	UAL RESIDENCE (IF NURS		OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	TROSE	RD. Z	20852
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OIS	1 2 2 - 0	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	ARM ETC )	21f. LOCATION STREET	TY OR TO	)ww/	COUNTY	STATE
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	TTENDI pital or TOR: A for use of Heal		220.1 certify that (1) saw the deceas	ed alive on.	6-2	19 2	3-/ , ar	nd that in (py) (our) apiniar	death occurred an the d	ate and haur		hat (1) (we) last causes stated
	OR AT DIRECT DORECT Dopt. o		abave, (I) (well)	did) (altd not	view the bad	y atter death.		DEGREE			22c. DAJES	IGNED
	Y the y the detection of the District D		Wille	Elge.	him	W		ATTENDING PHYSICIAN	MEDICAL STA	FF	2/2	0/83
	TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		TOBL A	AME (TYPE O	BUSKA	w, ms		50 W. BOY	HOWSTON PR	IVE, P	MD JE	1857
	₽₽ ₽₩¥ <b>¾</b> —		BURIAL, CREMATION,	REMOVAL	23b. DATE 2-2			EMETERY OR CREMATORY  TEFIORE CE	23d. LOCATION CITY OF TOWN PINELAY	JN T.	COUNTY V	STATE
	DHMH - 16 50M 4/B2		FUNERAL DIRECTOR	170	ROCKV	ILLE PK.	ROC		TE REC'D. BY REGISTRAR		AR'S SIGNAD	JRE is d
	(VRA 15, 4)		DANZANSKY	-GOL	DBERG	MEM CHP	•	. 4	EB 23 1983	0	~~~~	3,

STATE OF MARYLAND



		FOR			TE OF MARYLAND	COLEME Q .	0 4	991
J	1	STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	(GIENE 👸 🗳	0 -1	, ,
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH		EAR 2b. HOUR
deoth	( I YY	E OR PRINT) Elizab	eth J.	Lew	is	Februar	y 27, 1983	5:00P
7/	3. St		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BI		
10		Female	White	Octo	ber 29, 1912	70		DAYS HOURS M
(A)	7a. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		BALTIMORE CITY	OR COUNTY OF DEAT	TH
IVI)	N	orth Carolina	U.S.A.	MARRI	ED NEVER MARRIED		County	
	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 12b. KII	IND OF BUSINESS
200	G	aithersburg	19300 Dunk	ity, GIVE STREET ADDRESS)		Homemaker		
37	Ust	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION			I no	
200	1			ity or town aithersburg	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	bridge Way	20879
iner	_	ATHER'S NAME			15. MOTHER'S MAIDEN N		DITURE WAY	
15:	1	Robert	MIDDLE K	Cenerly	Daisy	WIDDLE	Clo	dfelter
10,		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECURITY NO.	17. INFORMANT	ADDR		dier ter
medicol			ne 577	7-34-6420	Albert C. Le	arric (Huchen	an emps (b	# 12
÷ +		18 CAUSE OF DEATH (Enter of			INTREL O . Te	ewrs /unapam		PPROXIMATE INTERVA
vent,		PART I. DEATH WAS CAUS	ED BY		r (Metastatio	.)		2 yrs.
r rer		1030 IMMEDIA	TIE CAOSE (O)		1 (110 000 000 011	-)		r 312.
OHO.		Conditions, if ony, which	DUE TO, OR AS A	CONSEQUENCE OF				
r tro		gove rise to immediate	(p)					
othe othe		cause (o), stating the underlying cause lost	DUE TO, OR AS A	CONSEQUENCE OF				
, 07		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	I NOT BELATED TO THE TER	MINIAI DISEASE OR CON	IDITION CIVEN IN BAL	DT 1
ngung ngung	S		2011111	00.11.0 1.0 <u>DEXII.</u> 00	NOT KEENED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	KI IIO
ony i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FI	INDINGS USED
5	Ē					YES NO X	IN CERTIFYING CAL	USES OF DEATH?
18 shov	EE	71a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		
Item ]		OR CONTRIBUTING CAUSE OF DI		MONTH DAY YEAR				
- 10	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJ	JURY	211 LOCATION			
ked	E	WHILE NOT WHILE AT WORK		CTORY, OFFICE FARM, ETC.)	STREET	CITY OR TO	OWN COUNT	TY STATE
Ē		22a.1 certify that (1) (this has	ortals ottended the dece	eosed from	10 80	Feb.	27, 19 83	, that ++ (we)
21 is		sow the deceosed olive o obove, (I) ( <del>wox/did</del> ) (did n	January	19 83	nd that in (my) (our) opinion	n death occurred on the d		
ltem.		22b. SIGNATURE	ot) view the body ofter o	deoth.	DEGREE		22¢ E	DATE SIGNED
±		Deniel	Kono	Alex 1	ATTENDING PHYSICIAN	MEDICAL STA	FF CHANGE	107/00
TANT		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	Tour !	122e ADDRESS	DIRECTOR PHYSIC	INC.	b/27/83
MPORTANT		Dr. Daniel Ro	senhlum M	n	2206 Vant Ct	Vonstante	. W	7
IMPORTA	73n	BURIAL CREMATION, REMOVA			3306 Kent St		n, Marylan	<u>a</u>
	230.	(SPECIFY)	Feb/28/83			CITY OR TOWN	COUNTY	STATE
	24 F	Cremation UNERAL DIRECTOR	[reb/20/03	Cedar H	ill Crematory			Marylan
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Comments (S) (C)

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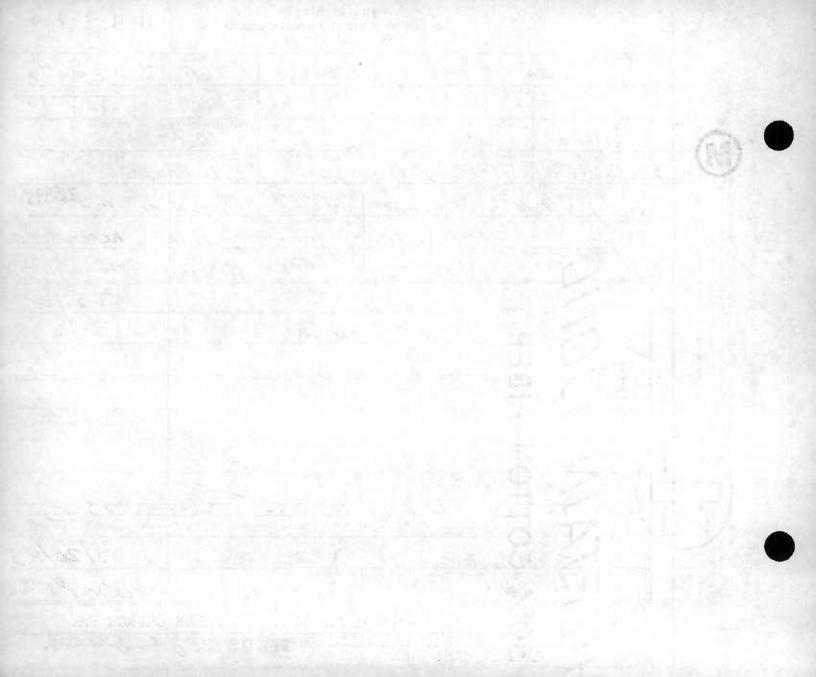
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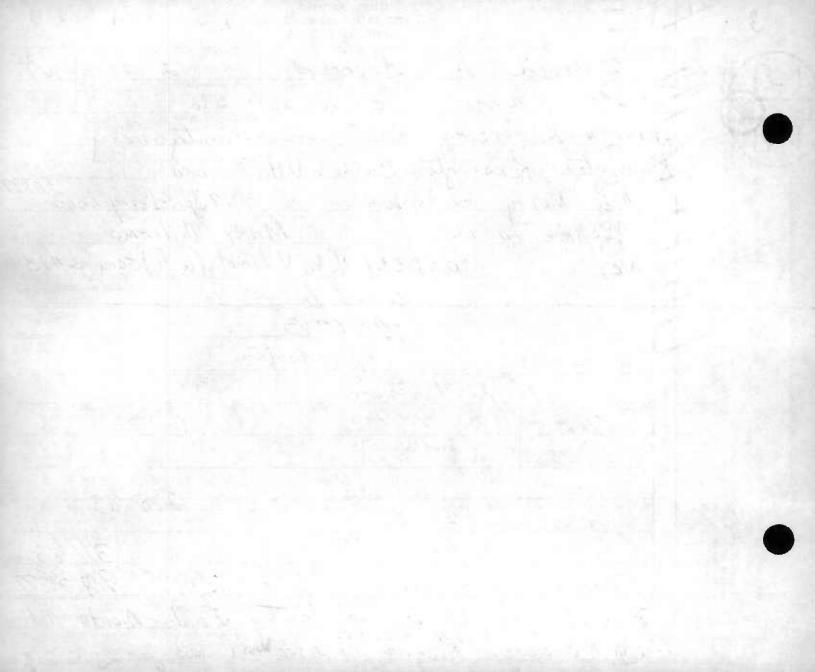
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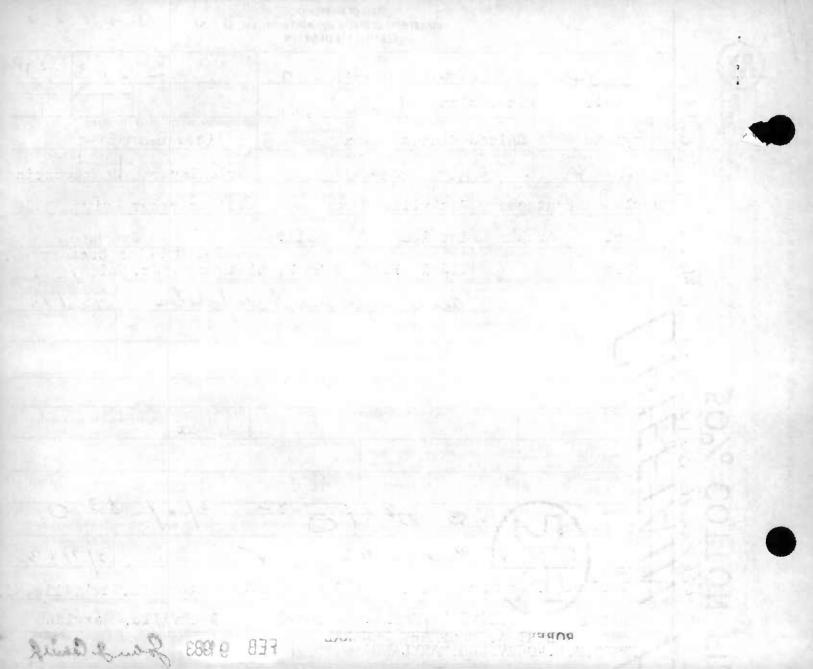
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degth, Roge	7a B	RTHPLACE (STATE OF FORE	GN 7b C	CITIZEN OF V	WHAT COUN	NTRY? 8. MAR	RIED   NEVER A	MARRIED -	9 BALTIMORE CI	TY OR COU	NTY OF DEAT	Н	
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sicio pers of.		18 CAUSE OF DEATH			line far (o), (	b), and (c)					8FTW	PROXIMATE T	INTERVAL AND DEATH
phy		PART I. DEATH WAS	CAUSED BY MEDIATE CA		(	DPY	)					24	
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that d by lease iol, cri		underlying cause	last.	(c)							774		
S 6 5 5	- 5	PART 2 OTHER SIGNIFI	CANT CON	DITIONS CO	NTRIBUTING	G TO DEATH B	UT NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN PAR	Tlia	
een signe it. Then p ior to bu	ō		Non	L									
low r	CERTIFICATION	19a. DATE OF OPERATIO	7	196 CONDIT	TION FOR W	HICH OPERAT	ION WAS PERFO	RMED	20a AUTOPSY?	20b. IF	YES, WERE FIN	VDINGS L	JSED SEATH?
The cion.	RTIF								YES NO	<b>X</b>	YES 🗌	NO	0 🗆
physicia physicia rtificate pl-transit tal Hygin m 18 sha		OR CONTRIBUTING CAUS		216. TIME OF HOUR A.A		H DAY YEA	R 21c. HOW IN	JURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM	18 PART 1 OR PART	2)	10.29
YSICIA ding pl s certif surial-t Mental ir Item	CAL	(IF EITHER NOTIFY MEDICAL		P.A	И.	1							2 7
PHY ending this rebu	MEDICAL	21d. INJURY OCCURRED		21e PLACE C		EELPE, FARM, ETC.)	211. LOCATIO	ON /	CITY	OR TOWN	COUNTY	1	STATE
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SR: A	ì	220.1 certify that (1) (1)		attended the	deceosed f	(3-7)	6/18	1980		20	. 19_0		(tr (we) last
ATTE Spirt SCTC d for n 21	Ш	saw the deceosed of above, (1) (we) (did)	(did not) vie	w the body	olter deoth.	1921	and that in (my)	(aur) apinian d	leath accurred an t	he date and	haur and Iram	the cause	s stoted
ral OR A y the hos Ral DIREC detached onte Dept.		27h SIGNATUSE	und	Ba	u	2		TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	22c. D	ATE SIGN	1/83
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7 5 7 5 7 5	23a. 8	URIAL, CREMATION, REA	MOVAL 23	B. DATE	00		CEMETERY OR		23d. LOCATION	Na arr	TT ABOUTY -		STATE
BP		BURIAL	100	2-21				MEM.	FAL	0	URCH	/A.	
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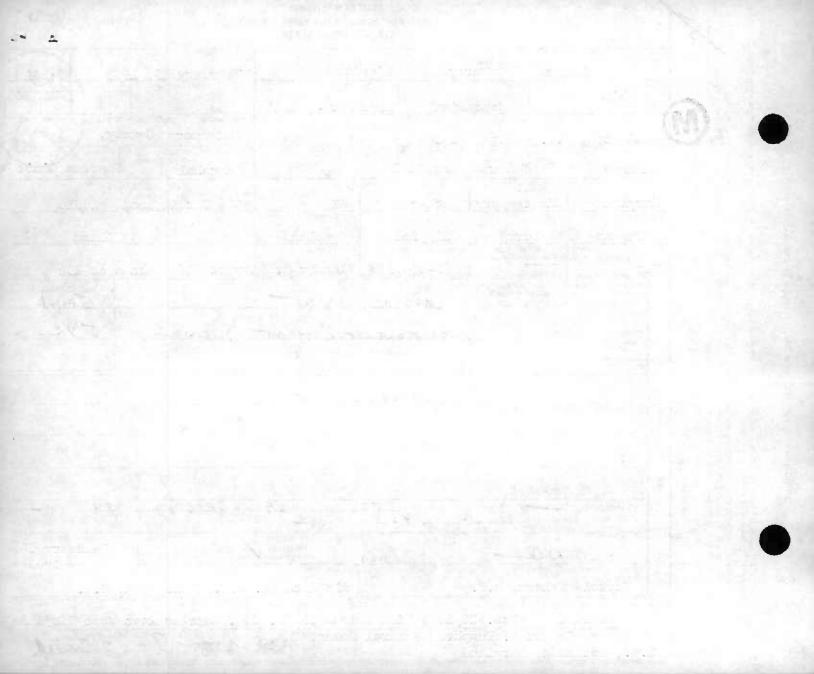


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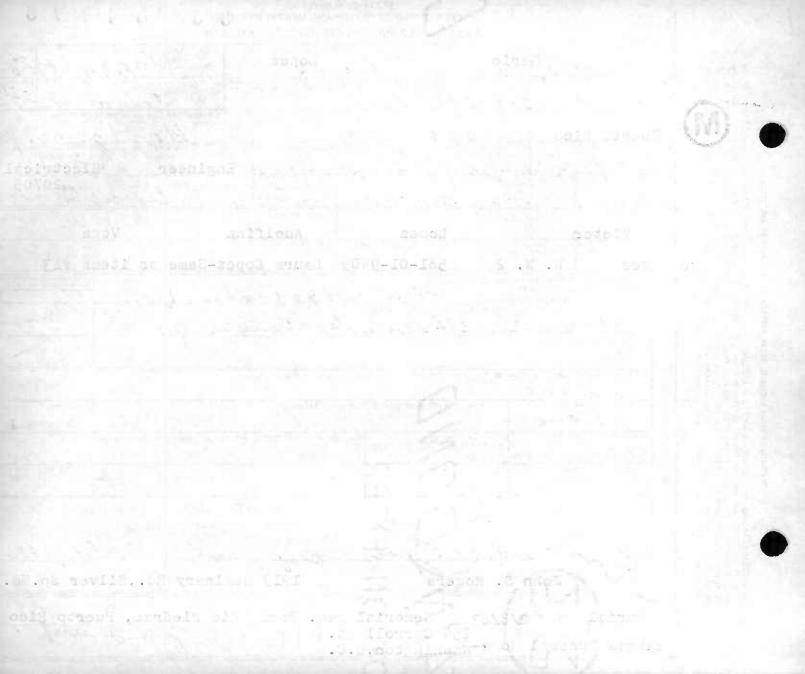
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 4 9 9 7  CERTIFICATE OF DEATH  REG. NO.		
2 e e	1. DECEASED NAME FIRST CAPE OR PRINT!	,	E OF DEATH MONTH DAY YEAR 26. HOUR 328 N	
<b>A</b>	3. SEX MALI	4. RACE S. DATE OF BIRTH DAY YEAR 6. AGE	(IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	
<b>1</b> 5	76. BIRTHPLACE (STATE OR FOREIGN COUNTY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED . 9. BALT WIDOWED DIVORCED .	MORE CITY OR COUNTY OF DEATH  MONTGO MELY  MD	
by the tu	TAKOMA PAKK	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF	JAL OCCUPATION WORK FOR MOST OF WORKING LIFE)  NO. CONTROL OF MORKING LIFE  NO. KIND OF BUSINESS OR  NO. KIND OF BUSINESS OR  NO. KIND OF BUSINESS OR	
filled in	USUAL RESIDENCE (IF NURSING HOME OR 136. STATE 13b. COUN	3	EET ADDRESS FLOWER AVENUES	
ond 2 sh	14 FATHER'S NAME FIRST	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST NOT 1	WAILABLE LAST	
Pages		MED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT E WAR OR DATES! ST9-240-713 MARTHA D. STA.	ER, MACON. CA	
After this certificate has been signed by the attending of each this certificate has been signed by the attending of east the burial-transit permit. Then please remove carbons of the and Mental Hygiene prior to burial, cremation, or tens marked at them 18 shows any injury, or other traumatic even	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) QUARTER STATE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISCONDITION FOR WHICH PERATION WAS PERECOMED  (200 ) YES	AUTOPSY?   20b. IF YES, WERE FINAINGS USED IN CERTIFYING CAUSES OF DEATH YES   NO	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR	ER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE	
Shed for us Sept. of He hem 21 is	saw the tecessor alive on obove (1) the ledical raid and	DEGREE ATTENDINGS MEDI	curred on the date and hour and from the causes stated  22c. DATE SIGNED  CAL STAFF TOR PHYSICIAN 225/83	
AN THE STORE OF TH	23e. BURIAL, CREMATION, REMOVAL (SPECIFY)  24. FUNERAL DIRECTOR  NAME  THE PROPERTY OF THE PRO	CIJAK JR	OCATION CHOCK PACE TO THE OF T	

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-0		Ι.	REGISTRAR		MEI	DICAL EXAMIN	ER'S C	ERTIFICATE OF	DEATH	REG. NO.	11 20 20	
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			PE OR PRINT)	11 M	ario		/	Lopez	OF ES	WN MONTH	DAT ICAN	الملايع
	ESSARY, PLEASE RAL DIRECTOR. POURS HOURS STREET,			201	10		-	Da To	DEATH MA	TED - Fell	4 19	D M
	地で呼ばれ	3. SE	X 4. R.	ACE	5. DATE OF BIRTH	6. AGE (IN YE		DER 1 YB. IF UNDER 2		MONTH	DA YEAR	2d HOUR
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	S & A A	/a. B	IRTHPLACE (STATE O	Ж	76. CITIZEN OF WE	IAT COUNTRY?	B. MARRI	ED NEVER MARRIE	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
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	45	10. C	ITY OR TOWN OF D			PITAL, NURSING HOME			120. USUAL OCCUPATION	ON TYPE OF WORK	72b. KIND OF BU	
	PAGE FILE	1	T L D	11	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	., ok ott.	1 1 1	FOR MOST OF WORKING	LIFE)	OR INDUST	RY
	DELAY 3 TO TH N PAG SDS, 20	1	24.15	NKI 1	W 25	h Now	cont	1/2/0/8	Enginee	r	Electr	ical
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m,	DEATH A PM A PM A PM	4	Victo	79		Lopez		Adolfi		Ve		
ō	A A A A	160.	WAS DECEASED EV	ER IN U.S. ARM	ED EORCES?	16b. SOCIAL SECURIT	Y NO	17. INFORMANT		DDRESS	Ba	
ž.	AFTER INE PARTIES IN SION (ISION (ISI	()	ES, NO. OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)							
BALTIMORE, MD.			yes	I W. W	1. 2	581-01-9	1409	Laura Lo	pez-Same	as ite	ms #13	
	HOURS M 18. G MG WIT RMIT. P.		18. CAUSE OF DE	ATH (Enter only	one couse per line	for (o), (b), and (c).)	_				APPROXIMATE BETWEEN ONSE	INTERVAL
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	EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR: WITH THE SARRYLAND,		22a. I certify the	ot I took charge	of the remains desi	ribed above, held on	Autops	sy , Inspection	Inquiry L	, ond in my op	inion	
	<b>≱</b> E % P E €		death resulted fro	om: Noturo	l couses	Accident . 2	icide	, Homicide	Undetermined monner			
	EXAMI CERTIF JLD BE DIREC WITH WARYL	1		7	00	/		TITLE (SPECIFY)			100	
	# D D D T X		ACTUAL	dont	1/	( core		* 17		DATE	F151	012
	SER SER	1	SIGNATURE	_	in.	71	M.	D. Coffee	_ MEDICAL EXAMINER	SIGNE	2300	100
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	EXECUTE PAGE 4 TO FUN AFTER D		(Type of PRINT)	30111	1 3. 1108	gers'		ADDRESS T 7 T 7	Seminary	110.,511	ver sp	· Mu ·
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALLIMORE, MARYLAND, 2	23a.B	MATAL, CREMATION	REMOVAL 23	b. DATE	23c. NAME OF CEA	AETERY O	R CREMATORY	23d. LOCATION CITY OR TOWN	COUN		ATE
	BP	,	Burial		2/8/83	Senori	al M	em. Park	Rio Pieg	ras. Pi	ierto F	Rico
			UNERAL DIRECTOR		ADDRESS					REGISTRARG SI		
	DHMH - 17 (VR A15 ME (5))	Ψ	akoma F	neral	Home-TT	Ja Carror	T 20	FEB	7 0 1983 AR	ounds.	Control of	7
	20M 4/B2		anoma r	~**CI (II I	TIOME W.	ashington	, D. C	•	<u> </u>			



DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRSTRobert Lopez. 20. DATE KNOWN COMMONTH (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Ukite DEAD 76 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY Illinois U.S.A. DIVORCED X ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Air Force Retired 22041 13e. STATE 13b COUNTY 13e STREET ADDRESS NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Pryor Marie Manue] Lopez 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 1, Box 216 (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES Monticello. Ind. Retire 1967 (daughter 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ED AS A BURIA HEALTH AND AL. CREMATION DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PA YES [] DEPARTMENT C 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING TO CAUSE OF DEATH PAA 21e. PLACE OF INJURY (AT HOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITING APPGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK Inspection D Autopsy 22a I certify that I taak charge of the remains described above, held an and in my apinian Suicide Accident Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER AMINER'S NAME John S. Rogers, Seminary Rd., Silver Spring, Md. 23e BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATOR' 23d LOCATION Feb. 15, 1983 Eel River Cemetery Burial Kosciusko Co., Indiana BY REGISTRAR 756 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 Capitol Funeral Service, Falls Church, Va. VR A15 ME (5) 20M 4/B2

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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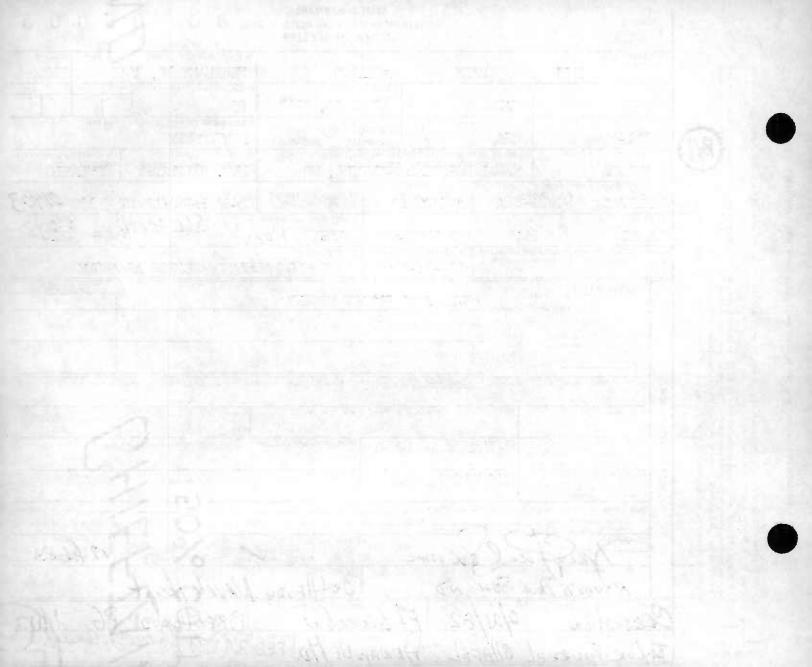
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VERAL DIRE		226. SIGNATURE  226. PHYSICIAN'S NAM	R.O	fame	_		ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	f IAN 🗌	22c. DATE S	12,198
TO FUNERA should be de with the Stot		Philip	Э К.	James,	M.D.		WASHING	row CLINIC	- , D.C		
P		urial, cremation, re Burial		23b. DATE F	.983 Par	rklawi	emetery or crematory n Memorial Pa	rk Rockville	e, Mary	land	STATE
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The DRIBLES 23431-6 Mario SE, Al Article Day 2 Day - Mary - Day - A County

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Pages		VAS DECEASED EVER IN U.S. A res. no or unknown) (if yes, g No	RMED FORCES?	220-44-		Jean Craigu	ADDRE			MATE INTER
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te has been signe isit permit. Then p giene prior to buildiene prior to buildiene shows ony injury.	CERTIFICATION	190 DATE OF OPERATION	F	ARKI	SON			20b. IF YES.	WERE FINDIN	IGS USER
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DIREC oched Dept. If hem		27h SIGNATURE	tra	elsa	un		MEDICAL STAF	F IAN 🗌	276. DATE 5	
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should be deto with the State (MPORTANT: If		Herbert Tan	nenbaum			220. ADDRESS 5480 Wis. 1	Ave., Chevy C	hase.	Md.	

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page 3		ECEASED NAME PE OR PRINT)	FIRST JTH		ARY	MAGL	LANO	FEBRUARY		983	25. HOUR 2350p A
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		ARYLAND	FOREIGN	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	MONTGOME	_	IT OF DEATH	M
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and be	130 M	DAL RÉSIDENCE (IF NURS STATE ARYLAND	ING HOME OR O 135 COUNT ANNAR	ONDA	GIVE RESIDENCE BEFOR  130 CITY OR TOV  ANNAPOL	E ADMISSION)	13d. INSIDE CITY LIMITS?	245A FAR	RAGUT	CT # 10	3 2/46
Somine 2 sh	5	ANIEL FIRST	Ń	IDDLE MN	SAUNDE	RS	BESSIE PA	Middle	TABE:	(NOT K	HOUNYD
. Pages 1	16a N	WAS DECEASED EVER		ED FORCES? WAR OR DATES)	219-16-		MANFREDO MA	1	RESS A		KIMATE INTERVAL ONSET AND DEATH
permit. Then please re- ne prior to burial, cren ws any injury, ar ather	CERTIFICATION	PART 2 OTHER SIGN	last. NIFICANT CO	(c) ONDITIONS <u>C</u>		<u>DEATH</u> BUT	NOT RELATED TO THE TERM	20a. AUTOPSY?	20b. IF YI	ES, WERE FINDI	NGS USED S OF DEATH?
Hygie	A-	210. ACCIDENT WAS UND OR CONTRIBUTING (1)	AUSE OF DEATH			AY YEAR	21c. HOW INJURY OCCUR	YES NO X		PART 1 OR PART 2)	NO []
alth and Mental marked ar Item	MEDICAL	21d. INJURY OCCURE	RED	?1e. PLACE	OF INJURY REET, FACTORY, OFFICE.		211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
for us of He 21 is		220.1 certify that (1) sow the decease abave, (1) (we) (c				, 00	nd that in (my) (aur) opinion	, to death occurred an the	date and ha	our and from the	
RAL DIREC detached state Dept. NT: If Item		274 SUCKLATURE	Sto	cal	en Ame			DIRECTOR PHYS	AFF SICIAN []	19 7	e683
should be det with the State		RONAL	D PAU	L SEN	M.D.		BEHESDA	NAVAL,	165At	L	
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signed by the ottending physicion and completely filled in by the funeral director hen please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours aft

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4) )

	1	FOR STATE	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYG	ENE 8 3 0	5004
		REGISTRAR	CERT	TIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST C	hristopher Mic	chael Makuch	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	, , , ,	MAKUC	h Boy		2	5 83 140 AM
	3 SE		RACE 5 DAT	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		MAK		DAY YEAR YEAR	YR:	MONTHS DAYS HOURS MIN
ė ,		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8		BALTIMORE CITY OR COUN	
\$55		m D.	U.S.A. WIDO	RIED   AIEVEL MARRIED	MONTGOME	e/ MD
Po G	10 C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOM	AE OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
308	S	IVER Spelins	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	Horaita/	(TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
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and h	M	d. Monte	somery SilverSpring	g 13d INSIDE CITY LIMITS?	136 STREET ADDRESS 13529 Georgia	Ava 20006
1		ATHER'S NAME		15. MOTHER'S MAIDEN NAM		1 Ave. 20300
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medicol	10a. v	YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES			. 0
0		•	-	Robert N. M.	kuch 13519 Geo	
K, the		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	one cause per line for (a), (b), and (c)		. /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		1020	DUE TO, OR AS A CONSEQUENCE OF	F		
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or other troumotic		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	A	1 1-	
t a		underlying cause last	EXTY 6		oturity	
y, o		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMI	NAL DISEASE OF CONDITION (	GIVEN IN PART 1(a)
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yno -	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	TION WAS PERFORMED		YES, WERE FINDINGS USED
Sw S	Ĕ		100		YES TO NOTE IN CER	TIFYING CAUSES OF DEATH?
18 sh	1	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM )	
Item 1		OR CONTRIBUTING CAUSE OF DEATH		AR		
or He	MEDICAL	21d. INJURY OCCURRED	P.M. 11 21e. PLACE OF INJURY	21f. LOCATION		
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
morked				2/4 ( )	N/F	. 95
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3 2		abave, (1) (we) (did) (did nat) v 22b. SIGNATURE	riew the body after death.		earn accorred an the date and r	
# F		220. SIGNATURE		DEGREE ATTENDING	MEDICAL _ STAFF _	22c. DATE SIGNED
ž——		(180 mg - 5 (7	Wetale MD	PHYSICIAN Z	DIRECTOR PHYSICIAN	2-5-83
RTA		22d. PHYSICIAN'S NAME (TYPE OR PR	IINT)	22e ADDRESS		
MPORTANT: If hem 21		(Trongis (7	Kefale MD	12902 0	ean Road s	oil string MD 2090 E
5 ≤	23a. E	SURIAL, CREMATION, REMOVAL		F CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		SPEGBUR IA 1	2/8/83 Gate	of Heaven Ceme	e egy Silver Sp	ging, Md .
/76	24 FL	INERAL DIRECTON Wheele	FuverA Fome, IN	25a. DATE		ISTRAR'S SIGNATURE
	]	331 Rockville Pi	ke Rockville, Md.	020852 FF	B 1 4 1983	and Court

nouse for the respect title Robert Michael Induch Catherine Civaleth Nichael Nichael

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FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			4614111	ICAIL OI DEATH	REG. N	0.		
	DECEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
		etta		Mar	otta		2- 3	3-83	3:00 AM
3.	SEX	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST 81		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Whit		Nov.		79	YRS.	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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13			130. CITY OR TOW		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 9505	Van	2090 ce Pla	( ace
14	FATHER'S NAME	WIDDLE	tast	Ν	15 MOTHER'S MAIDEN NA	ME MIDDLE			
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160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECL	JRITY NO.	17. INFORMANT	ADDRI	ESS San	me as	above
	None	IVE WAR OR DATES)	578 10	1372	B Joseph M	Marotta(Hu	ısban	d)	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per	line for (a), (b), on	d(c).)		^			MATE INTERVAL ONSET AND DEATH
		TE CAUSE (o)	Metas	tatic	Carcino	MA		54e	cars
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	Conditions, if ony, which	(b) 4	Carcin	one	ovary			419	
	gove rise to immediate couse (o), stating the	(5)			0				
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MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19	AN AGGIZION				11-23-2
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a.1 certify that (I) (this hosp	ital) attended th	e deceosed from	TULY	10 1978	to FEBRUAR		19.83	that (I) (we) lost
	sow the deceased olive or obove, (1) (we) (did) (did no	JANUARU	ofter death	7.2 , or	nd that in (my) (our) opinion	deoth occurred on the d	ote and hou	r and Irom the	couses stated
	22b. SIGNATURE				DEGREE	1		22c. DATE	SIGNED
	/ dufer	of. Cle	rent	My	ATTENDING PHYSICIAN	MEDICAL STA		FEB	3,1983
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS 863	O FENTA	11 .89	#2	30
	HUBERT J.	14/100	et MA		Silver	Parino	401	2091	
			7		1	per celly	14	2011	0

23c NAME OF CEMETERY OR CREMATORY

Gate of Heaven

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN:

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept: of Health and Mental Hygiene prior to burial, cremotion, or removal.

24 FUNERAL DIRECTOR
Himes/Rinaldi 11800 N. HORESAve.S.S.Md.

23b. DATE

2/5/83

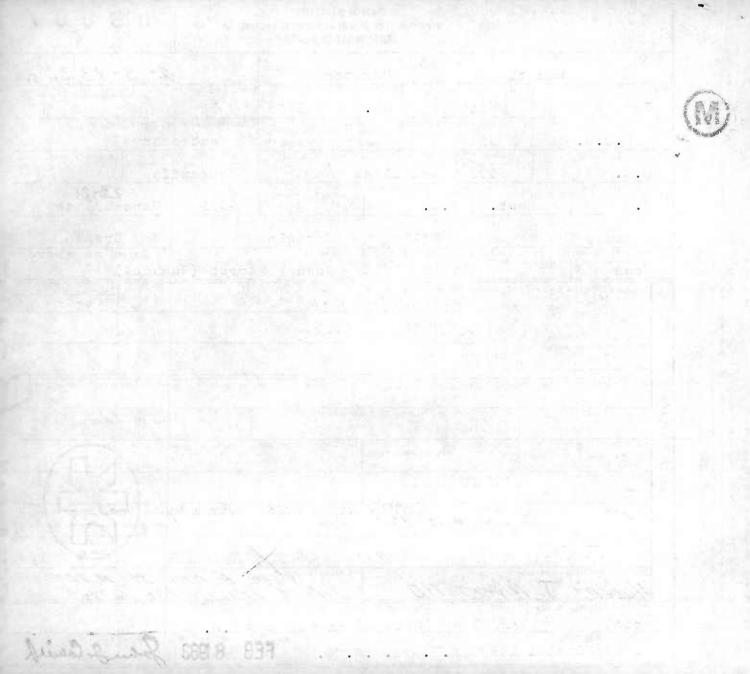
230. BURIAL, CREMATION, REMOVAL Burial

250. DATE REC'D. BY REGISTRAR 25

23d LOCATION CITY OR TOWN

John & Court

COUNTY



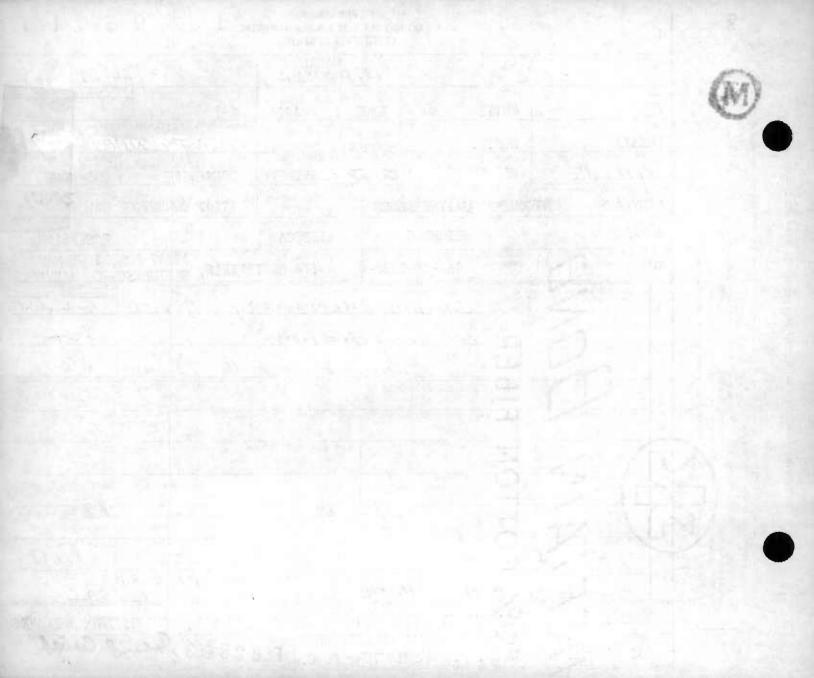
SED NAME FIRST		DICAL EXAMINER'S	LAST	REG., NO.	DAY YEAR 25 HOUR
LESLI	E BERT MAI	RSHALL		OF ESTI- DEATH MATED FEB	20 19 83 0 4 54
4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MO	UNDER 1 YR. IF UNDER	PRONOUNCED	DAY YEAR 24. HOUR
(COUNTRY)		MAI		ED L	IT OF DEATH
					MD.
	Navalsome	edical Command		FOR MOST OF WORKING LIFE)	OR INDUSTRY  Medical
SIDENCE (IF IN NURSING HOM	E OR OTHER INSTITUTION	HERESIDENCE BET SHE ADMISSION, STORY	on	71n C	do. 2001/
130. 000	71413	IISC CITT OK TOWN	YES X NO T	8315 N. BROOK LANE.	APT 1102
			15. MOTHER'S MAIDE	NNAMEBlanche Wilk	erson
ESLIE BERT M	ARSHALL	5701	LAVI	NIA STRANCE	TASP
O, OR UNKNOWN) (IF YES, GE	VE WAR OR DATES)	16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
191	7-1949	577-50-5142			WISCONSIN
PART I DEATH WAS CALLS	EDBY			HESDA, MD 20814	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
477 MMEDI			AKKESI		
	th				
cause (o) stoting the unde		R AS A CONSEQUENCE OF			
lying cause last.	(c)				
2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE	ASE DR CONDITION GIVEN IN PAR	T 1 (g).	
DATE OF OPERATION	TIME CONTO	TION FOR WHICH OPER ATION	WAS BEDEODUEDS		
			WAS PERFORMED?		20 AUTOPSY?
EXTERNAL CAUSE WAS	21b. TIME C	F INJURY 21c.	HOW INJURY OCCURRED	DIENTER NATURE OF INJURY IN ITEM 18 PART LORDAS	YES X NO
DERLYING OR	HOUR A.A	M. MONTH DAY YEAR			
INJURY OCCURRED	21e PLACE	OF INJURY (ATHOME, 21f. L	OCATION		
IILE NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN COL	INTY STATE
WORK AT WORK		0.3	15 N RPOOF	TANE APT 1102 RET	
WORK AT WORK	HOME			LANE, APT 1102, BET	THESDA MONT.
WORK AT WORK  22a I certify that I took cho	HOME.	scribed obave, held an Auto	ppsy X, Inspection	X, Inquiry X, and in my ap	THESDA MONT.
WORK AT WORK  22a I certify that I took cho	HOME		ppsy 💢 , Inspection		THESDA MONT.
WORK AT WORK  22a I certify that I took cho	HOME.	scribed obave, held an Auto	ppsy X, Inspection	X, Inquiry X, and in my ap Undetermined manner X,	THESDA MONT.  MD
WORK AT WORK  27a   Certify that I took cho ath resulted fram: Not	HOME.	scribed obave, held an Auto Acadent , Syrchile	opsy X, Inspection  Homicide   TITLE (SPECIFY)  M.D.	Undetermined manner  MEDICAL EXAMINER  And in my ap  DATE  SIGNE	THESDA MONT.  MD  D  223-83
WORK AT WORK  27a   Leerlify that I took cho ath resulted fram: Not  UAL NATURE  MINER'S NAME FRA E OR PRINT)	HOME rige of the remains de lural roses,  ANCIS C. M	scribed obave, held an Auto Aceldent , Syrchie AYLE	ADDRESS 8200	MISCONSIN AVENUE, BET	THESDA MONT.  MD  D  223-83
WORK AT WORK  27a I certify that I took cho ath resulted fram: Not WALL NATURE  MINER'S NAME FREE OR PRINT)  FREE OR PRINT)	HOME rge of the remains de lural roses  ANCIS C. M  23b. DATE Febr	Acadent , Spriciale   AVLE  UATUR. NAME OF CEMETERY	ADDRESS 8200 T	MEDICAL EXAMINER  WIS CONSIN AVENUE, BET	THESDA MONT.  MD  D  THESDA, MD
WORK AT WORK  27a   certify that   took cho ath resulted fram: Not  WALL NATURE  MINER'S NAME FRA E OR PRINT)  CREMATION, REMOVAL  11111	HOME rge of the remains de lural roses  ANCIS C M  23b DATE Febr 24, 1983	scribed obave, held an Auto Aceldent , Syrchie AYLE	Homicide  TITLE (SPECIFY)  M.D  8200 T  ADDRESS  OR CREMATORY  LEIONAL CEME	MEDICAL EXAMINER  MEDICAL EXAMINER  MIS CONS IN AVENUE, BET	THESDA MONT.  MD  D  THESDA, MD  Virginia
	ILAND MONT  RIS NAME John  FRST BERT M  DECEASED EVER IN U.S. A  OR UNKNOWN) (IF YES, GE)  CONDITIONS, if ony, which gove rise to immedia cause (o) stating the underlying cause last.  IT 2 OTHER SIGNIFICANT (DNDITIDITION)  NONE  EXTERNAL CAUSE WAS	E CAU JUNE 10  PLACE (STATE OR ACQUINTEY)  KANSAS  OR TOWN OF DEATH  BETHESDA  SIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION OF DEATH  III, NAME OF HO NEVEL SUMMER  BETHESDA  SIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION OF DEATH  IT AND MONTGOME RY  R'S NAME JOHN  CAUSE OF DEATH (Enter only one cause per lin PART I DEATH WAS CAUSED BY:  CONDITIONS, if ony, which gave rise to immediate cause (o) stoting the underlying cause last.  DATE OF OPERATION  NONE  EXTERNAL CAUSE WAS  DERLYING WAS OR  75. CITIZEN OF WAS CONTRIBUTING TO DEATH  196. COND  NONE  EXTERNAL CAUSE WAS  DERLYING WAS CORD  TO CHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH  LINEAR SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH  199. COND  NONE  EXTERNAL CAUSE WAS  DERLYING WAS CONTRIBUTING TO DEATH  TO CHERCALLY THE CONDITIONS CONTRIBUTING TO DEATH  LINEAR CHERCALLY THE CHE	E CAU JUNE 10 1893 89 YRS  PLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 8. MAR  PLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 8. MAR  KANNSAS UNITED STATES WIDO  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR ON  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR ON  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR ON  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR ON  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR ON  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR ON  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR ON  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OR  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OR  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OR  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OR  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OR  NETOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OR  NONE  PARTI DEATH WAS CAUSED BY:  188. MAR  WIDO  NONE  198. CONTINUE  199. CONDITION FOR WHICH OPERATION  NONE  216. TIME OF INJURY  216.	E CAU JUNE 10 1893 89 YRS.  PLACE (STATE OR ACQUINTY)  PLACE (STATE OR ACQUINTY)  RESIDENT HOME OF COLORED TO THE INSTITUTION NOT COLORED TO THE INSTITUTION NEVER MARRIED TO THE INSTITUTION NEVER HARRIED TO THE INSTITUTION NO THE INSTITUTION NEVER HARRIED TO THE INSTITUTION HARRIED TO THE INSTITUTI	E CAU JUNE 10 1893 89 YRS  PLACE (STATE OR COUNTRY)  KANSAS  UNITED STATES  WIDOWED X DIVORCED   P. BALTIMORE CITY OR COUNTRY ON COUNTRY OF COU

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		REGISTRAR CEASED NAME	Touise	A-40DLE Q		Masterson	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SE	2011	SE 4. RACE	- 1	11113	LERSON	02	22 83 11:50 K
		Female	White		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  835  YRS	IF UNDER I YEAR IF UNDER 24 HR
58		RTHPLACE (STATE OR FO		S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Montgomers	
notified of	10 C	thesda 1	A (IF NOT IN S	UCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION ( (TYPE OF WORK FOR MOST OF WORKING  Supervisor	126 KIND OF BUSINESS C
State of the state	Md	20814	G HOME OR OTHER INSTITUTION 36 COUNTY Mont.	13c. CITY OR TOW Bethesda	E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 9611 Page Ave	20 814
Samine St.	14. F/	Daniel	WIDDLE	Quigley		15. MOTHER'S MAIDEN NA FIRST Alice	WE	Calnan
e medical		VAS DECEASED EVER IN VES. NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	577-60-2		Informant Louise M. V	ADDRESS Bet alenti 5513 John	thesda, Md.
injury, or ather traumatic event,	NO	Canditians, if any, gave rise to imme cause (a), stating underlying cause	which diate the last. (b) DUE TO, (c)	OR AS A CONSEQUE	al A	theoreless.	MINAL DISEASE OR CONDITION G	years years GIVEN IN PART Ha
shaws any in	CERTIFICATION	196 DATE OF OPERATION		DITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
or Item 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	JSE OF DEATH HOUR A	OF INJURY A.M. MONTH D. P.M. E OF INJURY	AY YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM II	B PART I OR PART 2)
P	WE	WHILE NOT WHILE	IAT HOME S	TREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
orke	1	22a.1 certify that (1) (t saw the deceased obove, (1) (web) (did	his haspital) attended to alive an	the deceased fram			death accurred on the date and h	, 19 , that (I) (M) la aur and fram the causes stated
n 21 is morked s			1/			DEGREE	MEDICAL STAFF	22c. DAYE SIGNED
Dept. of Health Hem 21 is mor		Haw? ln	lleur	no			DIRECTOR   PHYSICIAN	2/22/83
ept. of Health Hem 21 is mort		11 1	E (THE CHIPME)	Ex MI	,	PHYSICIAN &  121 ADDRESS 10401  Bethe	old georgetown	r Rd

1	nonavi		cuise	
	c. l. 1599		Dit	Penals
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Sotherds, Md.	Louise II.	577-60-2359		250
	Land I			

	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		0 5 0	10
	{TYP	RO		M	MAURER PAURER	REG. NO.  20. DATE OF DEATH MON	1 24/83	26 HOUR 15
I		EMALE	4. RACE WHITE	5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	YRS.	IF UNDER 24 HRS
17	RI	RTHPLACE (STATE OR FOREIGN COUNTRY)  ISSIA  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY  U.S.A.  11. NAME OF HOSPITAL, NURSI	MARRIE		9 BALTIMORE CITY OR CO	COUNTY,	MD
10	A	Rockville  AL RESIDENCE LIF NURSING HOME O	HEBREW HOME OF	* ADDRESS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWIFE	DRKING LIFE) NO O MDUSTRY OWN	HOME
35	130, S	STATE 1136 COLL	GOMERY GAITHERS	BURG	13d. INSIDE CITY LIMITS? YES NO _	19207 DUNB	RIDGE WAY	ZØ879
53	A	BRAHAM	WEINBERG		REBECCA	MIDDLE		NBLUM
e medico	NO	VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES! 060-28-		ANITA BRE	TZFIELD, GAIT	7 DUNBRIDGE HERSBURG. A	E WAY MARYLANI
пру, от отпет поотвис еме	NOI		DUE TO, OR AS A CONSEQU	JENCE OF LAYE JENCE OF ARC	ino ma g		ast 2	wedest VK8 Grs.
2	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION		YES NOW	LIF YES, WERE FINDIN CERTIFYING CAUSES YES	GS USED OF DEATH? NO
dor Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE CHEETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MONTH D	19	21t. HOW INJURY OCCUR 21t. LOCATION STREET	RED (ENTER NATURE OF INJURY IN I	ITEM IB PART I OR PART 2)  COUNTY	STATE
k		220. I certify that (I) (this hasp	ital) attended the deceased from 2/2 4/19_t) view the body attended to the death.			ta 2/24/ death accurred on the date of		
		224 PHYSICIAN'S NAME (TYPE O	- 1 C	HAKID	22e ADDRESS 6/2/	MEDICAL STAFF DIRECTOR PHYSICIAN MONTROSE	RD	24/B3
	(	URIAL, CREMATION, REMOVAL BURIAL	23b. DATE 2/27/1983 BE	NAME OF CE	METERY OR CREMATORY  10 CEMETERY	ELMONT LON	NG ISLAND.	NEW STY OR
31	24 FU	DONALDOM. STEIN 232 CARROLL STR	HEBREW MEMORIA REET, N. W., WASH	L FUNE HINGTO	RAL HOME 250 DA N, D. C. FE	B 2 8 1983	REGISTRAR'S SIGNAT	IRE LA



-				DED 4 DE 4			ARYLAND		a- 7	0	100	73	1	1
1	FOR = STATE REGISTR	AD	MI					NTAL HYGIE	~	REG. NO	2	O		
	DECEASED	NAME FIRST		WIDDLE			LAST		20. DATE	KNOWN X		H DAY	YEAR	26. HOUR
	TYPE OR PRINT	ROBE	ERT	s.		MA	XWELL		OF	MATED	2	7	19 83	M
3.	SEX	4 RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN		UNDER 24 HR	S. 2c. DATE	ICED	MONTH	DAY	YEAR	2d. HOUR
N	ale	Black	July 26		22 YR	· moini	15 DAYS H	HOURS MIN.	DEAL		2	7	1983	9p M
70	BIRTHPLAC	E (STATE OR	76. CITIZEN OF V	VHAT COUNT	TRY?	8. MARRI	ED XX NEVEL	R MARRIED		AORE CITY O	_			
	Virgi		United			WIDOW		DIVORCED [		tgomery				MD
10	Roc	kville		FACILITY, GIVE STI	REET ADDRESS)		ER INSTITUTIO	DN   120 U	or most of world Labore:	PATION (TYPE RKING LIFE)	OF WORK	0	OR INDUSTR	RY.
	Maryl	ence (if in nursing homi 13b. cou and Mon		13c. CITY	BEFORE ADMISSION OR TOWN		13d INSIDE CITY YES A	LIMITS? 13e. S	TREET ADDR	ess ockwood	l Dr	·inv «	209	P4
14	FATHER'S		WIDDIE		AST		FIRST	S MAIDEN NA	ME	AIDDLE			LAST _	
-	Sandy		R	Max	well		Mary		Be.	lle		Edv	wards	
16		EASED EVER IN U.S. A	RMED FORCES?	16b. SOC	IAL SECURITY	NO.	17. INFORMA			ADDRESS				
	no						Paul	Mason I	riend	2019 I	bord			<del></del>
	18 CAI	USE OF DEATH (Enter of				1 of	boad (	unence	fied	(Oanar)		BET	APPROXIMATE	INTERVAL AND DEATH
	6		ATE CAUSE (a)	R AS A CON			nead (	unspec i	ried v	veapon)				
	cd	nditions, if ony, which		K AS A CON	SEQUENCEC	)r								
7		ve rise to immediately to the under	te / (b)	R AS A CONS	SEQUENCE O	E								
		ig couse lost.	50210,0	W W3 W COI4	SEQUEINCE O							3		
	PART 2 0	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEAT	H BUT NOT RELAT	ED TO THE TERM	NAL DISEASE	OR CONDITION G	IVEN IN PART 1 (a).						
] 3	5													
	190. DA	TE OF OPERATION	196 COND	ITION FOR V	VHICH OPERA	W NOITA	AS PERFORME	ED?				2 D	AUTOPSY?	
4	190. DA	(50.1.1.) CALLSEVIA.5											YES 🛣	NO 🗆
3	UNDER	ERNAL CAUSE WAS LYING ** OR IBUTING   CAUSE OI	21b. TIME ( HOUR -A)					CCURRED (ENT	ER NATURE OF IN	IJURY IN ITEM 18 P	ART I OR	PART 2)		
		IBUTING CAUSE OF		M. 2-7-	- 19 83	SI SL	ib ject s	hot.						30
		NOT WHILE	STREET, FA	CTORY, FARM, ET		5	TREET	Court,	POCKY	illo	Mo	OUNTY	omery,	Md.
	AT WO			nouse			[D						лиет у ,	inu.
		I certify that I taok cha				Autap		Inspection	, Inquiry	[7]	in my	apinion		
	death	resulted fram: Not	turol causes	Accident	L, Sui	ide 🔲	, Homicide		determined m	anner X.				
	ACTUA	TURE M	NAV	2		M	D. Assi	ctant	EDICAL EXAM	MINER	DATI	E 2-	-8-83	
1	EXAMIN (TYPE C	NER'S HAMI	Ann M. DI:	xon,M.[	)		ADDRESS1	11 Penr	st.,	Balto.	, M	ld. 2	21201	
23	(SPECIFY)	REMATION, REMOVAL					R CREMATOR	Y 23d.	LOCATION Salax,			YTAUC		ATE
2.	Remo		2/14/83	vai	ugh & (	awyni		o. DATE REC'D.		AP DATE REGIS			ginia	794
- 1	NAME	Cana.	DONE TODRE	SS	omio A			FEB 1	7 1983	John	-	L Ca	wild	
P	LEXAN	DER S. POP	F 5014 Le	msytv	ania A	ve.,	O.E.		, 1000	0	-0			- /

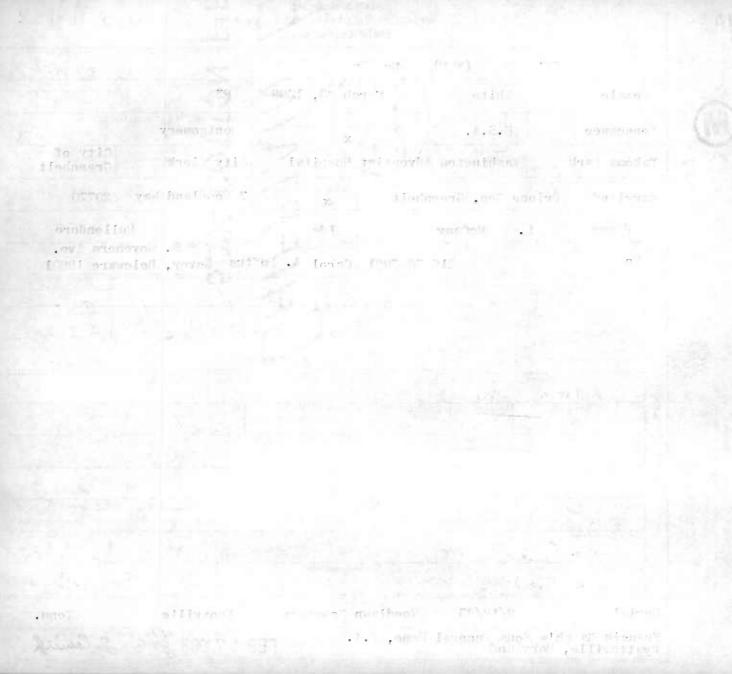
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	STATE AND LOSS TO THE STATE OF THE STATE OF	
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7 July 17	A Public Vel 631 man, avalation time times can it in the	

10	L	FOR STATE REGISTRAR		CERTI	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 3 D	5012
den y	(TYP	ECEASED NAME FIRST Winf:		McCam	1 - 4	20. DATE OF DEATH MONTH	3 83 105 PM
		Female	4. RACE White	5. DATE	of Birth ch 25, 1899	6. AGE (IN YEARS LAST BIRTHDAY) 83 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
(M)79	T	IRTHPLACE (STATE OR FOREIGN	U.S.A.	WIDOW		9 BALTIMORE CITY OR COUNT Montgomery	Y OF DEATH MD.
7	T	akoma Park	Washing Con Ad	ventist	Hospital	12a USUAL OCCUPATION CTTY OCTOPER WORKING L	CON KIND OF BUSINESS OR
24 hours	130. M	aryland Prin	PROTHER INSTITUTION GIVE RESIDENCE BINTY  ICE Geo. Greenb	erore admission)	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA.	7 Weed arend way	20770
ompletely and 2 s		ATHER'S NAME James	fullendôre				
be execu	160	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	8 5981	Frank A. Lof	808 Dover, Dele	
es that the death certificate red by the attending physic please remove carbangaper rial, cremation, or removal. , or other traumatic event, th	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSE	QUENCE OF	Congestive de	ma Fallux S INAL DISEASE OR CONDITION GI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2-3 CKS  3-44yx
IAN: The low requires physicion. Inficate has been signe infrassi permit. Then to I Hygiene prior to burn in 18 shows any injury,		190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	FIVE OPERATION	N WAS PERFORMED	200 AUTOPSY?   20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO NO
or attending physical and after this certifical after this certifical cashe burial-transit and Mental Hy narked or Item 18:	MEDICAL	OR CONTRIBUTING CAUSE OF DE LEF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY  (AT HOME. STREET FACTORY, OFF	19 ICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTEND retained by the hospital of TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heo IMPORTANT; if Item 21 is many the State Dept. of Item 21 is many than the State Dept. of Item 21 is many than the State Dept. of Item 21 is many than the State Dept. of Item 21 is many than the State Dept. of Item 21 is many than the State Dept.		sow the deceased give on obove ((1)) we) (did (did not	oppriew the body ofter death  PRINT	,23	nd that in (My) our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22 DATE SIGNED 2-14-93
TO FUN TO FUN should b with the	230. Bt	R-R-Sos BURIAL, CREMATION, REMOVAL	238 DATE 2/18/83		EMETERY OR CREMATORY  Cemetery	23d LOCATION KNOXVITIE	COUNTY Tennastate

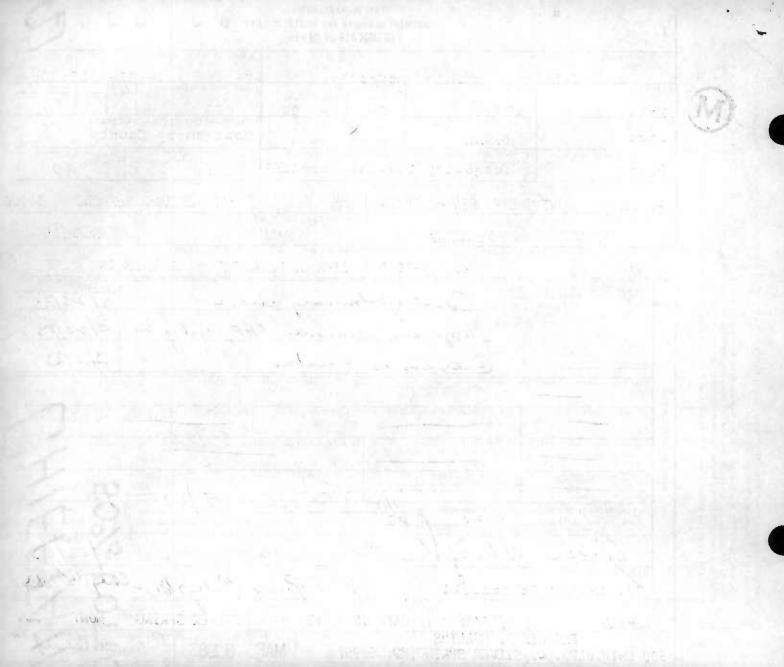
Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

FEB 1 7 1983

DHMH - 16 50M 1/81 (VRA 15, 4)



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	1-	FOR STATE REGISTRAR			DEPARTA		CATE OF D	MENTAL HYG		G. NO.	5 0	1 3
and the same of th		EASED NAME	FIRST	MIDE	DLE	17	ST		20. DATE OF DEA	ТН момтн	DAY YEAR	2b. HOUR
,	(1117		Iohn	Т		Mc Ca	rthy			2-	23- 83	5:30p M
3	3. SEX			4. RACE		5. DATE O	F BIRTH GAY	YEAR	6. AGE (IN YEARS L	AST BIRTHDAY}	MONTHS DAYS	IF UNDER 24 HRS
₩.		le		White		2-	28-	09	73	YRS.		
40	7a. BIF	THPLACE (STATE OR P OUNTRY) LSS	OREIGN	76. CITIZEN OF WH		8. MARRIED	NEVER N	AARRIED -	9. BALTIMORE C	_		
\$00				U.S.A.		WIDOWE		ORCED		mery C		MD.
De Marithad	01	ry or town of deal	1100		mery G	ener	al Hos	spital	120. USUAL OCCI	JPATION AOST OF WORKING LI R	IZB, KIND OF	GPO
186		LRESIDENCE (IF NURS TATE ARYLAND	136 COUN	OTHER INSTITUTION GIVEN	LE CITY OR TOW ILVER ST	RING	13d. INSIDE CI	ITY LIMITS?	130. STREET ADDR	EDELMAR	TERRACE	2090
1		THER'S NAME		MIDDLE	1241		15. MOTHER'S	MAIDEN NA	ME			
1500		THOMA	S	McC	ARTHY			MARY MARY	/	Die	SCA	HILL
medicol	16a W	'AS DECEASED EVER ES, NO OR UNKNOWN) NO	IN U.S. AR	E WAR OR DATES	01 3-05-		17. INFORMA	C. McC		SAME A	LS 13	WIFE
- ¥		18. CAUSE OF DEAT PART I, DEATH W	H (Enter on	ly ane cause per lin	e for (a), (b), an	d (c).					APPROXIM	HATE HATEFUAL HISET AND DEATH
vent		PART I. DEATH W		D BY:	and	apr	mone	in w	nest		2/2	3/83
ofic e		4361	2		S A CONSEQUE	NCE OF		/		0/1	12/	1
non, Ou m		Canditions, if any,		( (b) C	imme	tion of	remo	nee, 6	-HF, rev	el faction	12/2	2/83
other tra		gave rise to immodule (a), stating underlying cause	g the	DUE TO OR A	S, A CONSEQUE		an	adne		0	3/12	123
o burio jury, or	z	PART 2 OTHER SIGN	HIFICANT (	CONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION GIV	VEN IN PART I IO	
ou G	CERTIFICATION	19a. DATE OF OPERA	NOI	19b. CONDITIO	ON FOR WHICH	OPERATION	N WAS PERFO	RMED	200 AUTOPSY	IN CERTI	S, WERE FINDIN	OF DEATH?
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Ment or Her	MEDICAL	(IF EITHER, NOTIFY MEDI-		P.M. 21e. PLACE OF	INTURY	19	21f LOCATIO	ON				
edo	WE	WHILE THOP WE	TE I		FACTORY, OFFICE, F	ARM, ETC.)	STREET		CIT	ORTOWN	COUNTY	STATE
is mork		22a. I certify that (I)	(this haspi	7/12-	deceased from	1/15	Latera to town	19_83	, ta	/23		hat  1) (we) last
#. of		saw the decease above, (I)-(we) (c	did) (did no	t) view the bady aft	ter death			(COT) apinian	dedin occorred an	The date and no	22c. DAITE S	
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With the State		Dr. Art			old		220 ADDRES	Run	4 Phr	p Dr, c	lney 1	42832
3 3	23a B	URIAL, CREMATION,			23c. 1		EMETERY OR C		23d. LOCATIO	V V	COUNTY	Symia
	1	BURIAL		2/28/8		GATE (	OF HEAV	EN	STLVE	SPRING	MONT	siMD.
M 4/B2	24 FL	INERAL DIRECTOR	FRANC	IS J. COL	LINS						TRAR'S SIGNA	JRE . A
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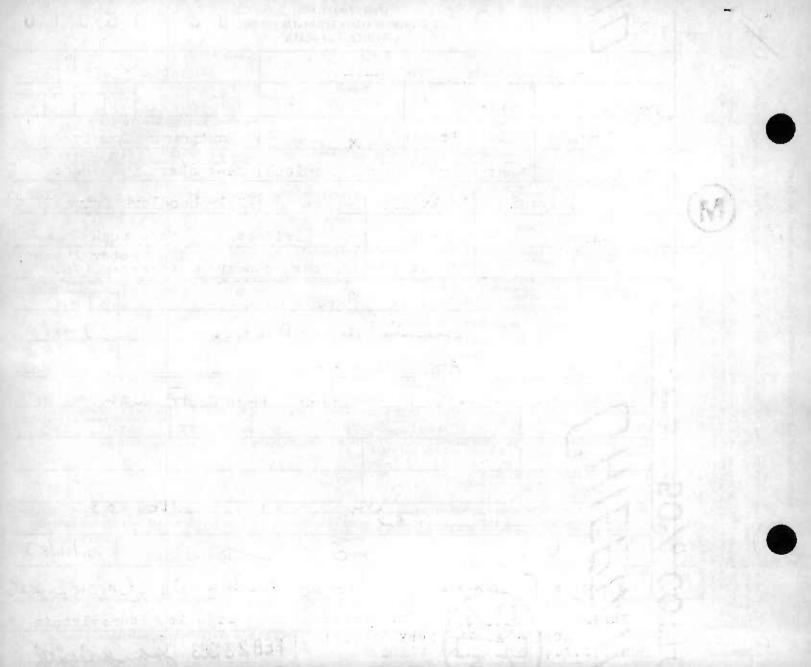
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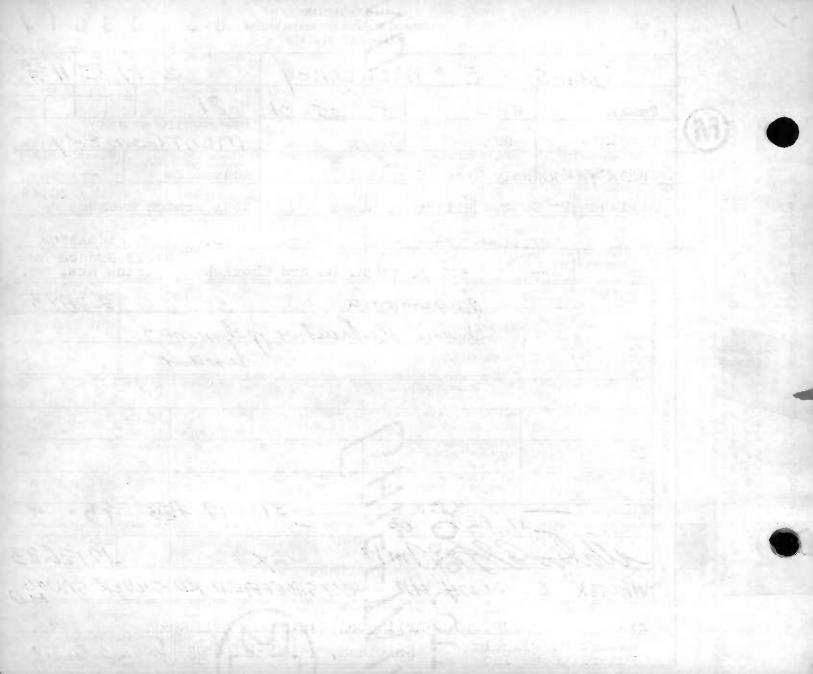
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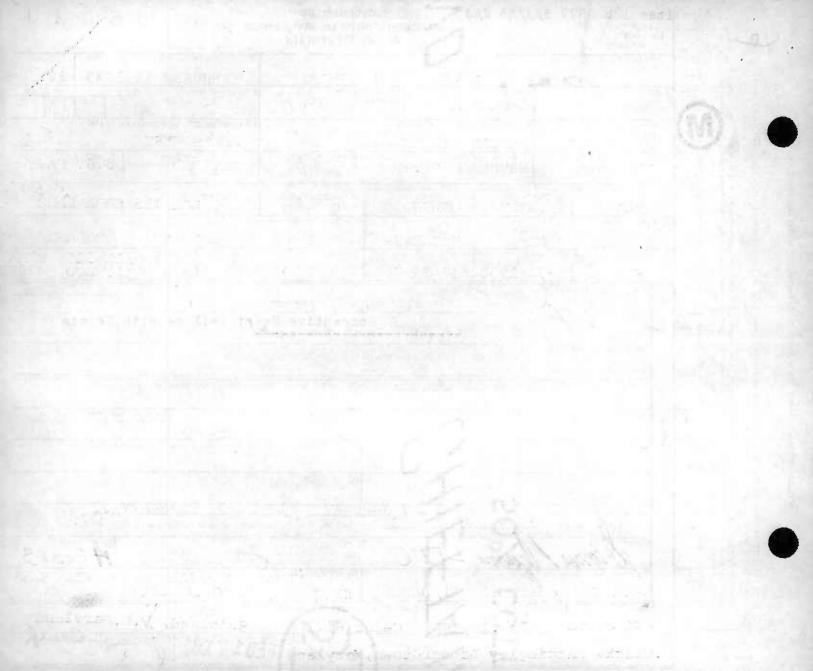
1			STATE OF MARYLAND	m 64 4 4
	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 8 5 0 5 0 1
o to 2		CEASED NAME FIRST	F MCKTANEY	20. DATE OF DEATH MONTH DAY YEAR 26 HOURS
offer de	3. SE	Shall State of the Co.	RACE 5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
M	7a. B1	RTHPLACE (STATE OR FOREIGN 76.	White 5 25 01  CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
<b>W</b>		Virginia	USA WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION	
68	57	FIVER SPRING H	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OLY Cross Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife
25		ALRESIDENCE (IF NURSING HOME OR OTH STATE IT LEOUNTY aryland   Pr Ge	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  Orge Hillcrest Htss & NO	13e STREET ADDRESS 2074
Juline V	14. F	ATHER'S NAME FIRST MIDD	15. MOTHER'S MAIDEN N	AME MIDDLE LAST
300	16a \	John Wil	liam Porter Clara DEFORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	O. Middleton  ADDRESS 4273 Branch Av
Medico	(	YES, NO OR UNKNOWN) (IF YES, GIVE WA	577 84 475 H. Edward	Chozick Marlow Hts, Mo
or removol.		18 CAUSE OF DEATH Enter only o PART I. DEATH WAS CAUSED BY 4960 IMMEDIATE C		APPROXIMATE INTERVA BETWEEN ONSE I AND DE A DAY S
or other troum		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) CLIVINIC OLISTICIA (VY)  DUE TO, OR AS A CONSEQUENCE OF  (c)	desease
prior to bur ony injury,	NOIL		NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER	
***	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
r Hem 18 sh		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN COUNTY STAT
ond Me ked or H	>	The state of the s		1 10 400
7	>	22e.I certify that (I) (this haspital) saw the deceased alive on	17 FEB 19 93, and that in (my) (and opinio	n death occurred on the date and hour and from the couses state
te Dept. of Health and If Item 21 is marked o	8		17 FEB 19 93, and that in (my) (and opinio	n death occurred on the date and hour and from the couses state 22c. DATE SIGNED
Stote Dept. of Health and	2	sow the deceased alive on above, (1) (we) (did) (did not) vi	iew the body offer death.  19 83, ond that in (my) (propinion of the body offer death).  DEGREE ATTENDING PHYSICIAN	n death occurred on the date and hour and from the causes state  22c. DATE SIGNED  MEDICAL STAFF
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etoched for use as the te Dept. of Health and i: If Hem 21 is marked a	230. E	sow the deceosed alive on obove, (h (pur) (did) (did troi) vi  272b. SIGNATURE  272d. PHYSICIAN'S NAME (TYPE OF PRI  WALTER  BURIAL, CREMATION, REMOVAL (SPECIFY)  urial	The withe body offer death.  19 83, ond that in (my) (propinion of the body offer death).  ATTENDING PHYSICIAN  22e ADDRESS  2309 SHORE  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  Arlington Nation	MEDICAL STAFF DIRECTOR PHYSICIAN   22c. DATE SIGNED  FIEU RD SILVER SPRIN  23d. LOCATION CITY OR TOWN  COUNTY  STATE  COUNTY  COUNTY



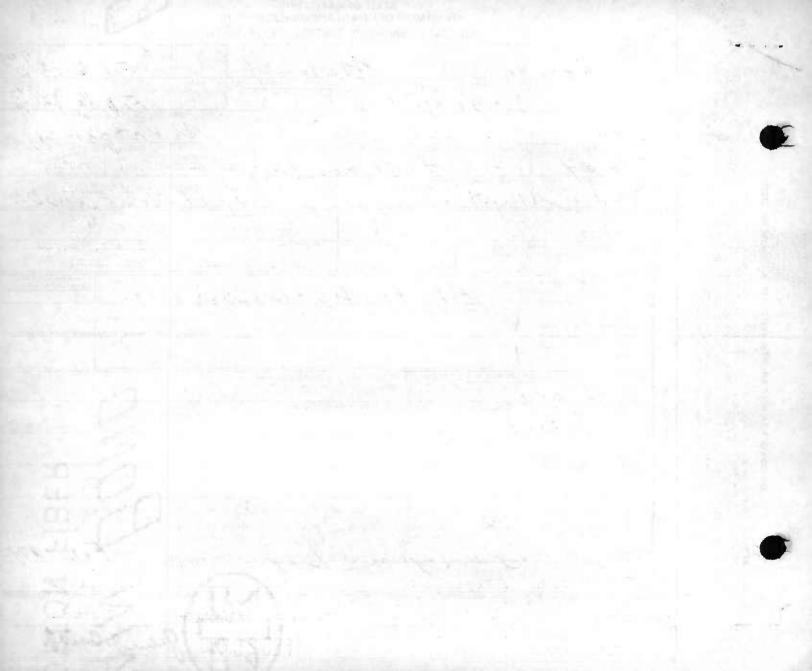
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on	16	COUNTRY)  MAN V	02.11	MARRIED NEVER MARRIED WIDOWED DIVORCED	Marita	O Im a d
Peda	10	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION	12b. KIND OF BUSINESS OF
#9	DIV	anie institue	(IF NOT IN SUCH FACILITY, GIVE STRI	0 : "/11	LIXPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY
7 e no	PUS	JAL RESIDENCE (IF HURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		Lounselo	RID.C. VILLAS
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d 2 s	7 14 1	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
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ges I and	160	WAS DECEASED EVER IN U.S. A		CURITY NO. 17. INFORMANT	ADDRESS 29	es Rogens Dh
Pages medical		(YES, NO ON UNKNOWN) (IF YES G	IVE WAR OR DATES)	10-1479 HARRY	K Mond Fa	118 Chunch
o V	-	IN CAUSE OF DEATH &	inly one couse per line for (a), (b),		ITITE ACT IN	
pope noval. ent, th	965	PART I. DEATH WAS CAUS	ED BY:	2 Pinhallman	as Bhan. 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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or ta	CERTIFICATION	Decubi	lus Weers	WTI + chas	me kerlein	send some
Pri d	7 3	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
nsit per giene shows	4 =				YES NOT	TIFYING CAUSES OF DEATH? YES NO NO
use as the burial-transity lealth and Mental Hygiers s marked ar Item 18 show	<b>7 5</b>	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
Vental Nental	1 A	OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR		
A h	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
and	×	WHILE NOT WHILE O	(AT HOME STREET FACTORY OFFIC	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
oith and morked			nital) attended the deceased from	2 - 26 8	2 3 41	02
I	90	sow the deceased alive at	4 5 22	83, and that in (my) (our) apinion	denth coursed on the date and h	19, that (I) (we) la
t. of m 21		obove, (1) (we) (did) (did no	ot) view the body after death.		deoin occurred an the dote and h	
Dept.		22b. SIGNATURE	N MADE	DEGREE	A AMEDICAL STAFF	22c. DATE SIGNED
ote Z		1/2	o pull		DIRECTOR PHYSICIAN	2-4-83
with the Stati		22d. PHYSICIAN'S NAME TEYPE	OR PRINT)	22e ADDRESS		21 - 1 ,120,
should be detained with the State Elimportant: If		KWANG	S. KIM	11500 80	d Georgetarn x	d. Workwillo W
5 3 <u>\$</u>	23a	BURIAL, CREMATION, REMOVAL	L 23b DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	v pro-vully m
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50M 1/81	24	UNERAL DIRECTOR	86	55 Georgia 25 DA	TE REC'D. BY REGISTRAR 256. REC	STRAR'S SIGNATURE
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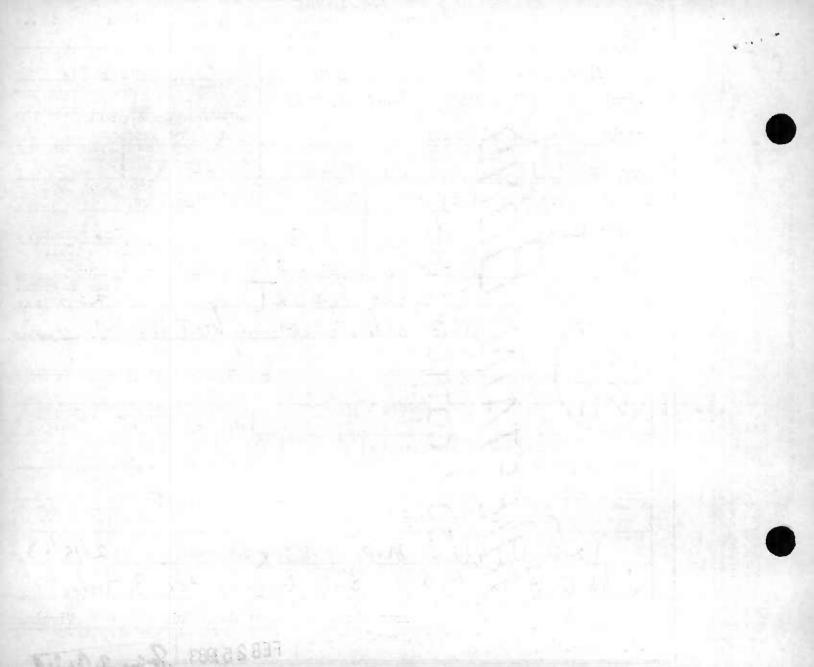
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			REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICATE C	F DEATH	REG. NO	),		
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	AY IS NE PAGE 5. PAGE 5. PILED, V. 201 W.	10 C	TY OR TOWN OF DE	ATH I	1. NAME OF HO	SPITAL, NURSING HO		HER INSTITUTION	12a. USUAL OCC	CUPATION (TYPE	OF WOOD 1	OR INDUS	USANESS
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21201	52000000000000000000000000000000000000	13n S	TATELLA	136. COUNTY	1000	13c. CHY OR TOW	N	YES NO-PG	13 STREET ADD	PRESS	zip 2	20906	. hv
	" 4 - I G	14 5	THER'S NAME	10	1 . 100	1011	Pg.	15. MOTHER'S MAID	1000	D 6/2	nac	4/40	01.
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S. S.	MAND OF LAND	_	Clarence		Ε.	Meleney	V	Carol	yn			Coit	
IN C	F PAGE FORM SES 1 AI	16a. V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECU		17. INFORMANT			nesda		20814
PRESTON ST., BALTIMORE	JRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION	N	0			577 22 9	212A	Peter L.	Meleney,	5606 Yo	ork La	ane,	
90			18 CAUSE OF DEAT	H (Enter anly	one cause per line	far(a), (b), and (c)						APPROXIMA BETWEEN ONS	E INTERVAL
S	ERM!		PART I DEATH W	AS CAUSED 8	BY:	4cut	c. 1	140 cas	1-21-1	1211	. 7	BETWEEN ONS	ET AND DEATH
5	LON INFE		4291	MONEDIATE		AS A CONSEQUEN	CE OF						
RES	VITHIN 24 VICIL IN ITE INER ALO RANSIT PE TAL HYGII		Conditions, if	any, which									
	NO N		gove rise to cause (o) stoting		(b)	AS A CONSEQUEN	CF OF				-		
201 W.	XAMIN XAMIN XAMIN AL-TR MENTA		lying cause last.		DUE TO, OR	AS A CONSEQUEN	CE OF						
	XECUTE JG" IN SAL EX BURIAL AND M				(c)								
DIVISION OF VITAL RECORDS,	JUD BE EXECUTE "PENDING" IN F. MEDICAL EXA ED AS A BURIAL HEALTH AND M IL, CREMATION.		PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a)				
2	A ALT	CERTIFICATION	1	on	7,								600
-	HOULD HIEF / USED OF HE	3	19a. DATE OF OPERA	TION	196. CONDI	TION FOR WHICH C	PERATION V	AS PERFORMED?				20 AUTOPSY	?
Ě	E SHOU WORD' WORD' E CHIE BE USE NT OF I	E	1	10 h	78							YES 🗆	NO
Ĭ.	WO BE	W.	210 EXTERNAL CAU	SE WAS	21b. TIME O			OW INJURY OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART	2)	
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> 2	VRITIIIS CE ARDEI GE 3 (GE 3 201 F	¥	WHILE NOT	WHILE	STREET, FAC	TORY, FARM, ETC.}		STREET	CITY OR	IOWN	COUN	ITY	STATE
11.5	I>> dd-		AT WORK - AT W	/ORK									
	L EXAMINER: 1 ECERTIFICATE, DUID BE FORW L DIRECTOR: PH, WITH THE ST MARYLAND, 2		22a. I certify that	I taak charge (	af the remains de	scribed obave, held o	in Autor	sy 🔲 , Inspectia	n Inqui	ry . and	in my apir	non	
	CTO CAN		death resulted from	n: Naturol	causes ,	Accident,	Suicide	, Hamicide .	Undetermined	manner .			
-	EXAM CERTI UID B DIRE WARY			7	0	1		TITLE (SPECIFY)					
	W. A.		SIGNATURE	24	-011	1/20	A	01500	A MEDICALEY	AAAINIED	DATE	-eb17	1933
	SE SE SE				1	9	-	100	MEDICAL EX	SPRING	, Md		-
	A STATE OF THE STA	170	EXAMINER'S NAME	John	S. Rog	ers, MD		ADDRESS 191	9 Semin	ary Rd	S	ilver	
	TO MEDICAL E EXECUTE THE PAGE 4 SHOUT TO FUNERAL D AFTER DEATH, V BALTIMORE, M	72× B	URIAL, CREMATION, F				CEMETERY C	OR CREMATORY	23d. LOCATION				
		. (:	emation	Fel		98 Metropo			CITY OR TOWN		COUNT	rginia	TATE
	BP		UNERAL DIRECTOR						Alexan		STRAR'S SIG		
	DHMH - 17	1	NAME			hrey Fune	rar no	mes FEB	2 5 1983	Sale	2.	shelf	
	(VR A15 ME (5)) 20M 4/82		P.A.	Bethes	da, Mary	7Land		160	40 1000	0	-0		•



STATE OF MARYLAND



/		STATE OF MARYLAND	5 05023
		RTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH	
	- STATE REGISTRAR Donald N. Merryfield		REG. NO.
	DECEASED NAME FIRST MIDDLE  (PE OR PRINT)	LAST 20. DATE OF D	
nay be page 3 r deoth	DONALD ME	RP4FIELd	0
mey, po	SEX 4. RACE	OATE OF BIRTH  MONTH DAY YEAR  6. AGE (IN YEAR	RS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
ctor s of	mal E Caucasan	2 3 08 /3	YRS.
Pour House	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTY	RY? & MARRIED   NEVER MARRIED   9 BALTIMOR	ECITY OR COUNTY OF DEATH
100 mm	- 11/0/NOST 16.5.A	WIDOWED DIVORCED   MOA	
24 87	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUF	SING HOME OR OTHER INSTITUTION 120. USUAL OF	CCUPATION 12b. KIND OF BUSINESS OF MOST OF WORKING LIFE) INDUSTRY
1 170	lid. Lylvan mai	USB D. Home Pral:	Estate arear Realtor
O BA F	JUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BI B. STATE 136 COUNTY 134 CITY OR T	FORE ADMISSION) OWN 13d INSIDE CITY LIMITS? 13g STREET A	DDRESS 2085
12 ( )	Md. Montgomery Potoma	C YES X NO   8600 F	Post Oak Road
G 97 3	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	MIDDLE
· 智 原心	Robert N. Merryi	ield Geraldine	
Coll Coll	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIALS		ADDRESS Arnold, Md. 210
Pogo de	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	5-336 A Donald Merryfield	181 Glen Oban Dr.
e be	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)		APPROXIMATE INTERVAL BET WEEN ONSET AND DEAT
fical phys sap nove	PART I. DEATH WAS CAUSED BY:	risis of liver cuscite	11/87
De	/C/G IMMEDIATE CAUSE (a)	AMENICE OF	
death a ttend ave ca rtian, a	Canditians, if any, which	tric carcuma	11 85
the at remay ematic	gave rise ta immediate		
se re	cause (a), stating the underlying cause last.	the Encephelopeth	1 11 15 ·
the plea	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)
squires n signe Then pl to bur injury, a		Lain Syndrine	
9 ij je	190. DATE OF OPERATION 19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED 200 AUTOF	201. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
he law. in has b if perm iene pi	None	YES 🗆	NO YES NO NO
- 0 0 5 0 T	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (ENTER NATU	IRE OF INJURY IN ITEM 18, PART 1 OR PART 2)
4 d # * 7 c - /	OR CONTRACTOR OF BEATH HOUR A.M. MOINTI	DAY YEAR	
	214. INJURY OCCURRED 210. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN COUNTY STATE
G PHY bitendi er this s the bi and M	WHILE NOT WHILE AT WORK AT WORK	(CE, FARM, ETC.)	citi di la constanti di la con
or offer the as the alth and marked	22a Leartifu that (1) (4) - I winted attended the deceased fro	m 11-3-82 19 to 2	-15-83 19, that (1)
	saw the deceased alive an abave (1) and (did (did not) view the bady after death.		an the date and havr and fram the causes stated
OR ATTEN haspital DIRECTOR: ched for us Dept. of He Item 21 is	22b. SIGNATURE	DEGREE	22c. DATE SIGNED
0 0 0 0 0 0	ABPITUL MM	ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF 2-15-83
by the	274. PHYSICIAN'S NAME TYPE OF PRINT		ville Rd
FUN Id b	6 BPatrick III MO	Silver Spring.	nd 20910
TO HOSPITAL retained by the TO FUNERAL should be detained in the State with the State		22. NAME OF CEMETERY OF CREMATORY 1230 OCA	IION
	se Burial, CREMATION, REMOVAL 23b. DATE 2/17/83	CITY OR	town county state
BP	FUNERAL DIRECTOR JOSEPH Gawler's Son		GISTRAR 256, PEGISTRAR'S SIGNATURE
DHMH - 16 25M	NAME 5130 Wisc. Ave. N.W. Wash	., D.C. FEB 2.21	

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X	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH		0 5 0	2 4
		CEASED NAME FIRST	MIDDLE		AST	REG. NO 20. DATE OF DEATH	O. MONTH DAY YEAR	2b. HOUR
page 3		JOSE			SOWITZ		2/23/83	4 AM
s after	3. SE	Male	4. RACE White	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) # UNDER 1 YEAR MONTHS DAYS YRS.	
Popularia de la companya de la compa		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY2 18	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
deoth.		Russia	USA	WIDOWE	DIVORCED	MONTGOI		OCITY MD.
by the fune iled within		ock vile		ITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF METCHANT	F WORKING LIFE INDUSTRY	dies Wea
filled in ould be t	13a 5	AL RESIDENCE (IF NURSING HOME COL STATE 136 COU Maryland Mon	NTY 113c C		13d. INSIDE CITY LIMITS?			
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pu /55/		Melech	Me	yerowitz	Raza		Klig	man
rs. Poges 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES	OCIAL SECURITY NO. 78-26-7178	A Irving Me	Che everowitz:	vy Chase,	Md.
signed by the ottending Then please remove corb to burial, cremotion, or r njury, or other troumatic	) NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN IN PART 1	23/83
permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [7]	INGS USED S OF DEATH?
certificate h uriol-tronsit tentol Hygie tem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A.M. A		21c. HOW INJURY OCCUR			
e os the bur ofth ond Me morked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN.		ZII. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
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AL DIRECTORY detoched ote Dept. IT: If them		226. SIGNATURE  R. SI	laku		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAP	F 2	23-83
should be del		22d. PHYSICIAN'S NAME (TYPE	ORPRINT) T.A.	SHAKIR	ROCKULL		MD 208	F52
ē ≓÷₃≧ 3P	23a. E	BURIAL, CREMATION, REMOVA SPECIF Burial		83 King I	emetery or crematory  David Mem. (	Gdn. Falls	Church,	Va.
- 16 50M 4/B2		UNERAL DIRECTOR		Rockville	, Md. 25 FOE	BREZD BY HORSTRAF	IN BROSTRARS SIGNA	weig
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Rockville, Md. 20850

FOR

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(VR A 15 (4))

George R. Snowden

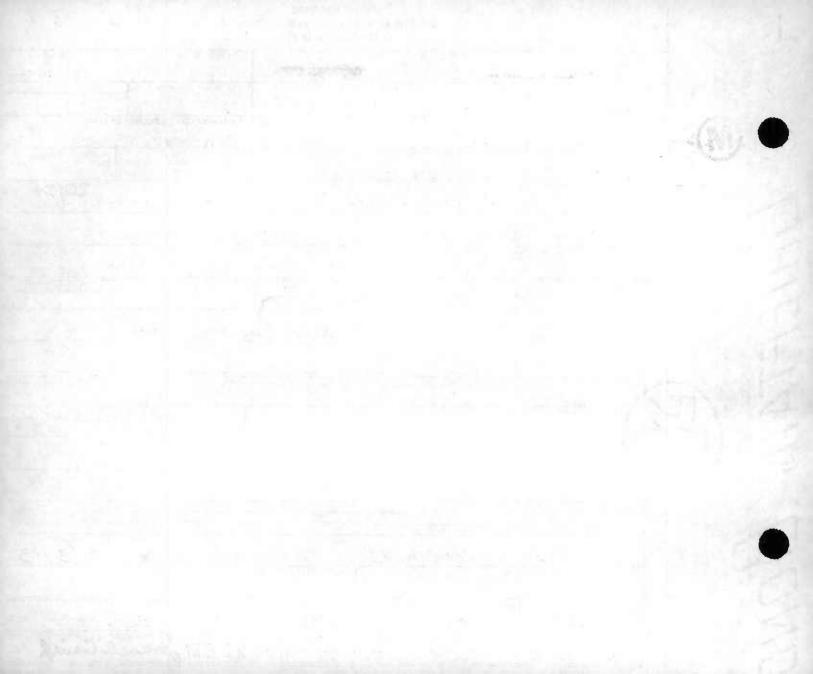
REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

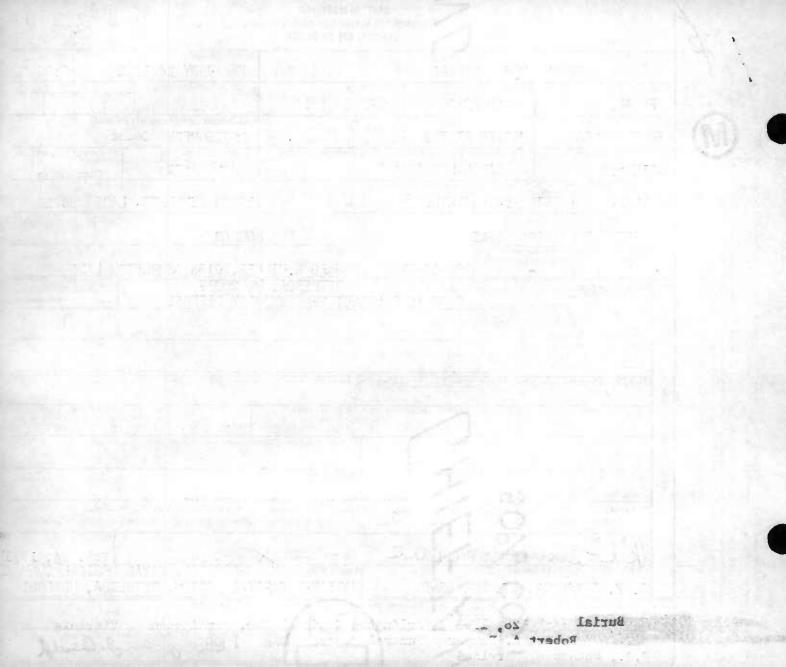
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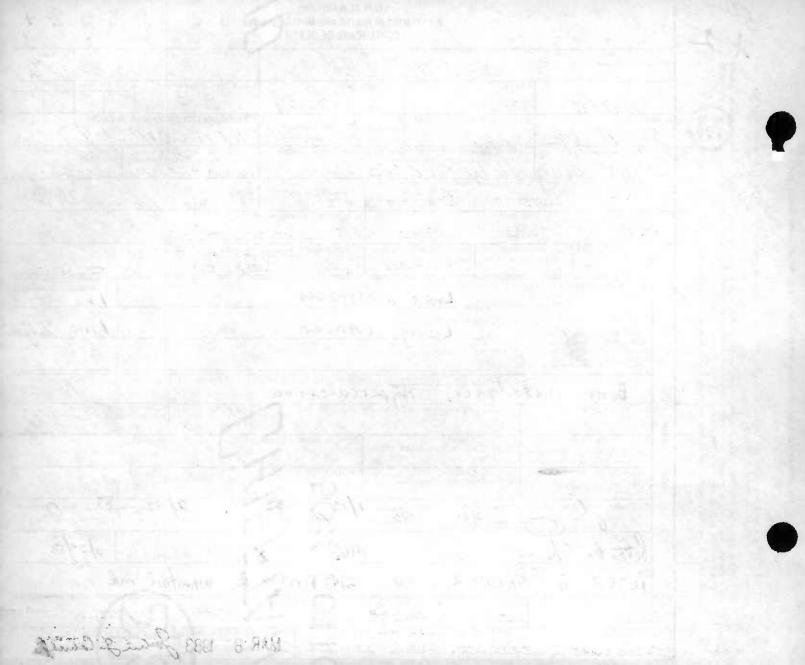


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of the state of th		ETHESDA		HOSPITAL, NURSING		ROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAKE		DUSTRY	USINESS OR
AND 212 AND 212 n 24 hour	13a MA	AL RESIDENCE (IF NURSING HOME OF STATE RYLAND MONT	GOMERY	BETHESD		13d. INSIDE CITY LIMITS?	10133 ASHB	URTON LA	NE 20	0817
MARYL, ampletely and 2 sk	14. FA	PETER FREDERI	CK DIRKS	LAST			BOWMAN		LAST	
De execul		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV	MED FORCES? VE WAR OR DATES)	196-10-62		17. INFORMANT  EDWARD R.MIL				V-mar
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or oftending physician.  When this certificate has been signed by the attending physician and completely filled in bus the burial-transit permit. Then please remave carban papers: Pages 1 and 2 should be 11th and Mental Hygiene prior to burial, cremation, or removal.  Osked or them 18 shows any injury, or other traumatic event, the medical examiner must be to osked or them 18 shows any injury, or other traumatic event, the medical examiner must be to other traumatic event, the medical examiner must be to other traumatic event, the medical examiner must be to other traumatic event, the medical examiner must be to other traumatic event, the medical examiner must be to other traumatic event, the medical examiner must be to other traumatic event, the medical examiner must be to other traumatic event, the medical examiner must be to other traumatic event, the medical examiner must be to other traumatic events.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE HAMEDIA'  Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last.	DUE TO, O		OBST	BETHESDA, RUCTIVE PULMO		E		
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TO HOSP retained I	230.	R. K. FERGUSON BURIAL, CREMATION, REMOVAL			AME OF C	NATIONAL CAP	23d. LOCATION			
BP		Burial UNERAL DIRECTOR Rober	28. 1	983 Ar.	lingt	on National C	em. Arling	ton V	iroini	a STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		P.A. Bethesda	. Maryla	and	rerat	mones,	1 1983	for and	L Can	ug

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g. DATE OF DEATH 1. DECEASED NAME 26. HOUR [TYPE OR PRINT] IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 29 Black Th. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Dental Technician Self-employed USUAL RESIDENCE (IF YURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Montgamery 134. CITY OR TOWN 134. INSIDI Maryland 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 14620 King Lear Court 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME James Tames Austin Miller Information not available 17. INFORMANSIIver Spring, AMARYland 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 579-34-3922 Cynthia Miller, wife, 14620 King Lear Court APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OF ERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from (our) opinion deoth occurred on the date and hour and from the causes stated sow the deceased always obove, ((we) (did (tid not) riew the body ofter death. DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: IF 22e. ADDRESS the the SHERER with i 23a. BURIAL, CREMATION, REMOVAL 23r. NAME OF CEMETERY OR CREMATORY silver Spring, Mont., Maryland Burial March 1, 83 Gate of Heaven 24. FUNERAL DIRECTOR 7400 Georgia Ave.NW 250, DATE REC'D. BY REGISTRAR MI REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 McGuire Funeral Service, Inc., Washington, DC 2001MAR 8 (VRA 15, 4)



MIDDLE

FOR

- STATE

REGISTRAR

FIRST

DECEASED NAME

TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY STOTE

Sales Person Department (20852)11313 Farmland Drive Hurney Dr. Anthony G. Miller, Jr.same AS #13 GRIBUTING TO DEATH BUT NOT RETAIN THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO NA. IF YES, WERE INDINGS USED IN CERTIFYING CAUSES OF DEATHT COUNTY MARK hat in (my) (our) opinion death accurred on the date and hour and from the causes stated 27c DATE SIGNED Wisconsin Avenue Bethesda, Maryland Gate of Heaven Silver Spring, Marvland 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH - 16 50M 1/81 (VRA 15, 4) Homes, P.A. Bethesda, Maryland 20814

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

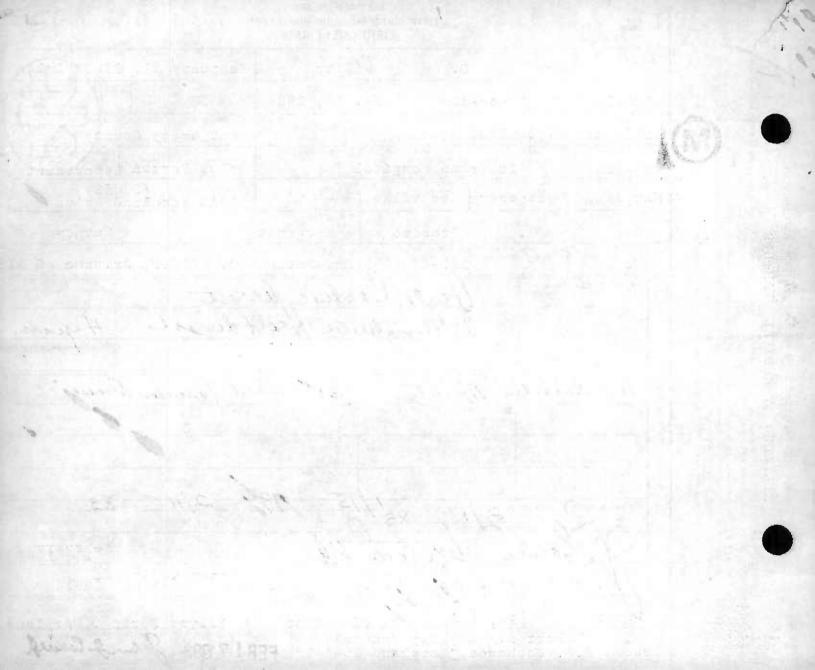
26 HOUR

IF UNDER I YEAR

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IF UNDER 24 HRS

20 DATE OF DEATH MONTH



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO Mitchell I. DECEASED NAME 2g. DATE OF DEATH Margaret TYPE OR PRINTS MITCHELL 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR January 17, 1897 86 Female White TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kentucky USA Montgomery WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR Rockville Secretary WORKING LIFE INDUTTRY S. Govit Bethesda Ret. Ctr. SUAL RESIDENCE | IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 135 COUNTY 13d INSIDE CITY LIMITS? 10401 Grosvenor Pl. Rockville 20852 Montgomery YES T NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Darnaby Coons O'Toole Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADD 509 Landon La 16b. SOCIAL SECURITY NO No LIF YES, GIVE WAR OR DATEST Mr. Clifton Mitchell Bethesda 20817 MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line to 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS AZONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME STREET FACTORY, OFFICE, FARM ETC.) COUNTY CITY OF LOWN STATE AT WORK NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on \_\_\_\_\_\_above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

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IMPORTANT.

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRE**765.** Gawler's Sons, Inc. 5130 Wisc. Av NW Wash.

23a BURIAL, CREMATION, REMOVAL

Burial

20016

23c. NAME OF CEMETERY OR CREMATORY

Arlington National

22e ADDRES

CHYOR TOWN Arlington

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DATE REC'D BY REGISTRAL VALUE REGISTRALS S NATURE

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STATE OF MARYLAND

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Cremation Fib 10,1983 Westview Memorial Fk Catonsville Balto. Mc.

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	SEX 4 RACE	5. DATE OF BIRTH		s I IF UN	DER 1 YR. IF UNDER	DEATH MAT  24 HRS. 2c. DATE  MIN. PRONOUNCED		9 1983 , DAY YEAR 26. HOUI
ON ONE	Female Cauca.	Sept.24	,1918 64YRS	MONIF	DATS HOURS	DEAD	Feb. 11	, 19 83 4PA
FOR A MITHIN	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH			ED NEVER MARRI	ED U	CITY OR COUNTY	Market Control
Z > 5 -	Indiana CITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME,	OR OTH		120. USUAL OCCUPATIO		KIND OF BUSINESS
PAGE FILED	Potomac	9819 Ne	whall Road			Secretary		ongress
38 13	SUAL RESIDENCE (IF IN NURSING HOME O ©. STATE 130. COUN' Maryland Mont		13c. CITY OR TOWN Potomac		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 9819 Newl	nall Roa	d 20854
	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE			LAST
20	Arthur		Sauer		Haze1		Furb	
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3	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOC	ATION TREET  9 Newmall	Rd. CITY OR TOWN	ac Montg	g. Co. Md.
IMORE, MARYLAND, 21	22a I certify that I took charg death resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME	phases []	rribed abave, held an Accident X, Suici	М.	Homicide TITLE (SPECIFY)	Undetermined manner  MEDICAL EXAMINER  Penn Stree		2-13-83
PACTOR ASTER 133	(TYPE OR PRINT)  B.BURIAL, CREMATION, REMOVAL 2 (SPECIFY)	reb	23c. NAME OF CEME	TERY O		23d LOCATION CITY OR TOWN	COUNTY	STATE
7 2	FUNERAL DIRECTOR ROBE	18,1983 RT A. PU	Parklawn MPHREY FUN	IERA		Rockvil	lle, Mary	land
(5))	HOMES, P.A.	ROCKVILL	E, MARYLANI	)		-0000	oungh!	much

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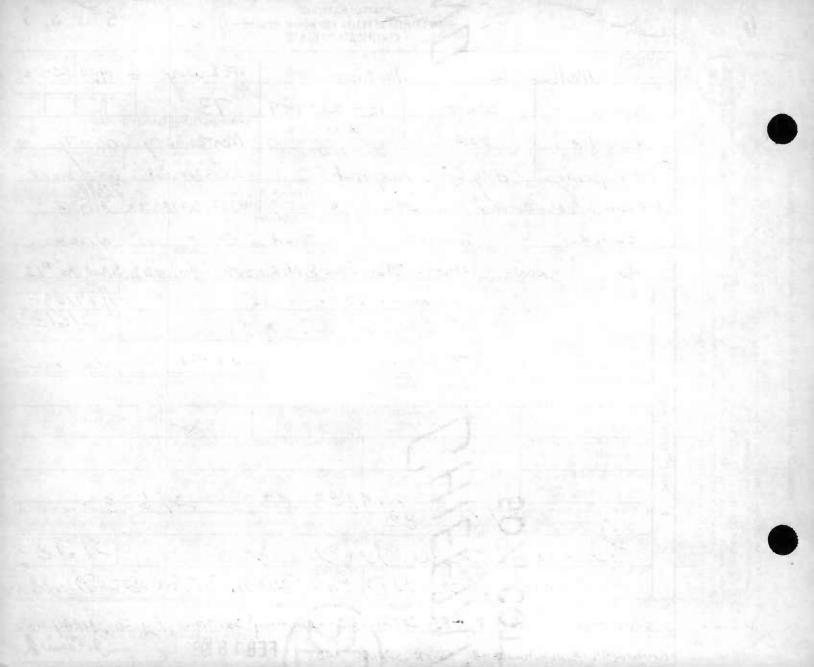
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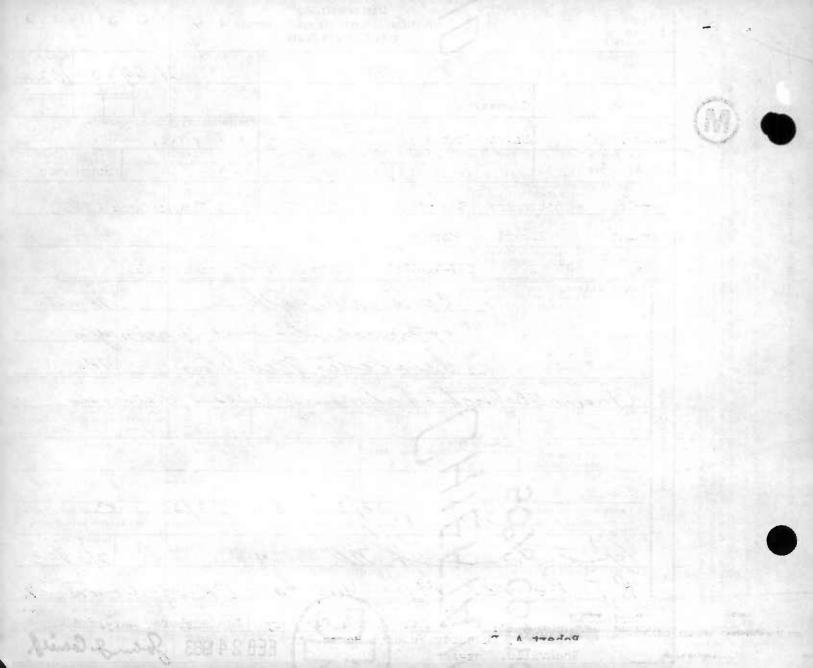
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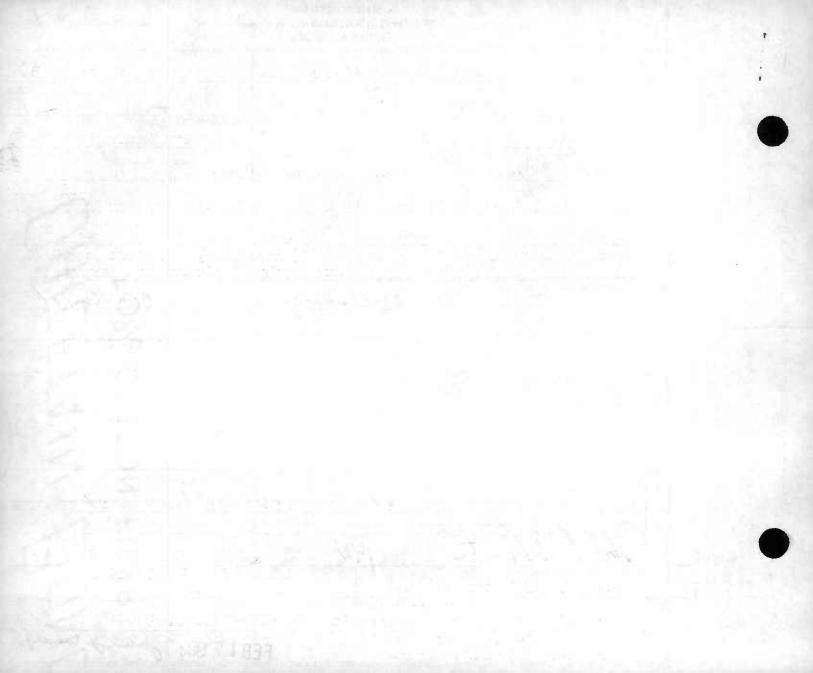
STATE OF MARYLAND



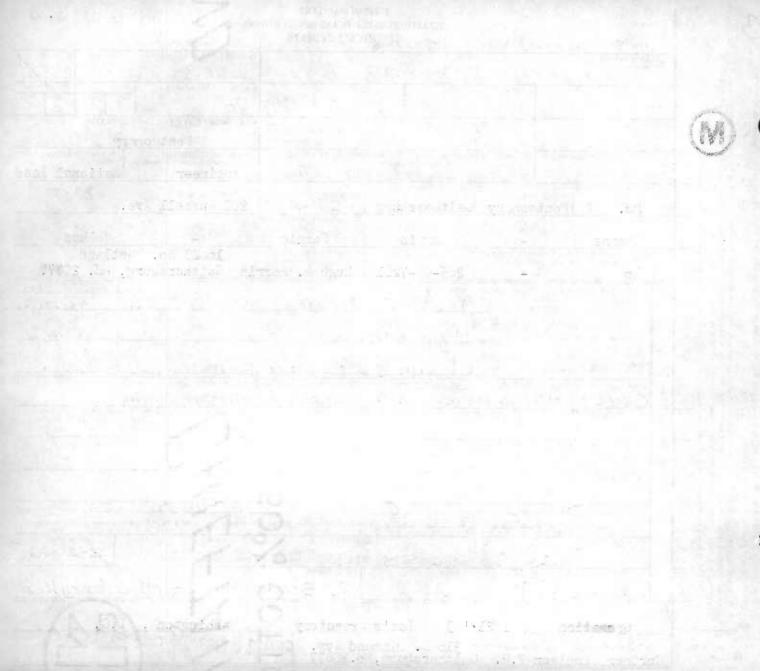
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po po	3. SE	x male	4. RACE Caucasi	an	S. DATE C	PERTH 25 YES	6. AGE (IN YEARS LAST BIR)	MONTHS	DER 1 YEAR IF UNDER 24 HRS. S. DAYS HOURS MIN.
· (MA)	7. DI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	4	25 10	9. BALTIMORE CITY OF	YRS.	EATU
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ts offer d by the fu filed with		IVER Spring	11. NAME OF (IF NOT IN SUC HOLY	H FACILITY, GIVE STREET	G HOME CADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Mailer		Newspaper
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rettending physicion.  Wher this certificate has been signed by the ottending physicion and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fille in how a more than 18 shows any injury, or other troumotic event, the medical examiner must be more and a firm 18 shows any injury, or other troumotic event, the medical examiner must be more and a state of them.	13a. S Ma		OTHER INSTITUTION ITY  SOMETY	13c. CITY OR TOW Rockvil	N	13d. INSIDE CITY LIMITS? YES 💢 NO 🗌	13e. STREET ADDRESS 2989 Gleno	ra Lane	(20850)
completel	E	rnest Ed	lward	Morris		15. MOTHER'S MAIDEN NA.  Lola	Mae		ammond
MORE execu	1	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT	ADDRES		
LTIM ion o	Y			577-16-78		Betty Jo Mon	rris, same a	S #13	APPROVIAGATE INITERVAL
physic poper novol		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		r line for (a), (b), one	11	a trans	han		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or ren		7500	E CAUSE (o)	R AS A CONSEQUE	NICE OF	a consequence	1 1 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
RESTON  death ce toffendin move corb offen, or refroumotic		Conditions, if any, which	(b)_	ARIE	ros	cliratic ,	Heart De	alaxe !	yrs.
ot W. PR that the dease remain, cremo or other tr		gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, O	RAS A COMSTOUR	NCE OF	tes me	eletus	4	1R8.
tos, 20 equires t signed Then ple ta buric	7	PART 2 OTHER SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN	PART I/o
been si prior ta ony inju	ATIOI	190 DATE OF OPERATION	losher COND	clone of which	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	70hVE YES, WER	RE FINDINGS USED
TAL REC	CERTIFICATION	THE DATE OF GLEANING	170. 00.15	The state of the state of	0.5.0.0		YES NOX	IN CERTIFYING YES	CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicion this certificate ho the burial-transit p ad Mental Hygien d or item 18 shaw	CER	21a. ACCIDENT WAS UNDERLYING	LIGHT A		Y YEAR	21c. HOW INJURY OCCUR		IN ITEM 18 PART I O	R PART 2)
SICIAN: ng physic certifica certifica urial-tror vental Hy Item 18	CAL	OR CONTRIBUTING CAUSE OF DEA	in .	M.	19			54.00	
C PHYSIC of PHYSIC of Physics of this cer this cer this cer the burion ond Mentitled or the control of the physics of the phys	MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	vn co	OUNTY STATE
ENDING fal ar aft ruse as the Health o		AT WORK AT WORK			-	1301	2/2	0 10 8	72
TEND ital of OR: or use of Head		.22a.1 certify that (1) (this hospi saw the deceased plive on	21	19 198	3 , 0	d that in (my) (our) opinion	death occurred on the da	te and hour and	from the couses stated
the hosp toched fi toched fi toched fi toched fi		obove, (I) (we) (did) (did no	t) view the body	ofter death.	1	DEGREE		2	ZL DATE SIGNED
TAL OI y the SAL DI detoch tate De VI. If it		140	15		K	ATTENDING PHYSICIAN	MEDICAL STAF		2/30/83
E Se E P		200 PHYSICIAN'S NAME ITTE	R PRINT)	1		22e ADDRESS	1		/
TO HOSPITAL TO FUNERAL should be defi with the State MPORTANT:		K.1. De	MACI	K 191	2	4115 601	ie DRIVE	2 Wh	andry Mil
		BURIAL, CREMATION, REMOVAL	23b. DATE	100.		EMETERY OR CREMATORY	23d LOCATION /	COU	NTY STATE
BP		UNERAL DIRECTOR Robert	24, 1			Homes PA 250 DAI	Bladensbu	rg, Mary	SIGNATURE •
DHMH - 16 50M 4/82 (VRA 15, 4)			lle, Ma		20850		B 2 4 1983	John	J. Court



	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYG	IENES 3 0	5 0 3	1
	1 DE	CEASED NAME FIRST OR PRINT)		MIDDLE	ī	AST .		20. DATE OF DEATH MONTH	DAY YEAR 2	HOUR
y be ige 3 death		Ronale	d Ly	nn	- /	MORTIS	II	2 ,	0 83	3 PM
og de	3. SE		4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
(制)		male	Ca	ruc.	2	10	83	YRS.	MONTHS DAYS H	10
100 Jon	7a. BI	RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	8 MARRIE	D NEVER MA	RRIED X	9 BALTIMORE CITY OR COUNTY	OF DEATH	
u di		MARYLAND		States	WIDOWE	DIMO	RCED	Montgomery Coun	ty	MD.
d will	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITU	NOITU	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF B	USINESS OR
# E01		OLNEY /		OMERY GE		HOSPIN	12	Never Employed		
auld be	13a S	AL RESIDENCE (IF NURSING I WILL TATE	R OTHER INSTITUTIO	N, GIVE RESIDENCE BEFOR		13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS	Zi	p Code:
thau		ryland Mont	pomery	Gaithers	burg		10 🗌	74 West Deer Pa	rk Road	20877
nd 2	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S M		WE	LAST	
a X			Lynn	Morris			nthia		Frize	11
Pages		/AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMAN	Grand	mother) ADDRES 4 We	st Deer	Park Rd
an papers. Pa emaval. event, the me		No		None		Nancy Mo	rris	, Gaithersburg,	Marylan	TE INTERVAL SET AND PEATH
sgned by the attendin hen please remave carb a burial, crematian, ar jury, ar ather traumatic	N	Canditions, if any, which gave rise to immediate cause isal, stating the underlying cause last. PART 2. OTHER SIGNIFICANT	( (c)_	OR AS A CONSEQUI		NOT RELATED TO	THE TERMI	INAL DISEASE OR CONDITION GIV	EN IN PART 1(0)	
nsit permit. I	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORM	NED	IN CERTIF	, WERE FINDINGS YING CAUSES OF	S USED DEATH?
0 £ 80		210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A		YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART I OR PART 2)	
burial-t A Mental or Item	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	19	21f. LOCATION				
alth and	×	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
ealth and		220 I certify that (I) (this hasp	ital) attended t	he deceased fram	1/10		1983		19 8 3 tho	t (I) (we) last
of H 21 i		saw the deceased alive or above, (i) (we) (did) (did a)		v offer death	, an	d that in (my) (au	ır) apinian c	death accurred an the date and have	r and fram the cau	ses stated
ltem		ITA SIGNATURE	1111-	7	J	EGRE			22c. DATE SIC	NED
ate D IT: If		9910 10	119	~	1º	ATTI PHY	ENDING YSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	2-10	-83
should be with the Sta		224 PHYSICIAN'S NAME (THE		4 1570		22e. ADDRESS		Prince Philip D	rive	
with the Sto		Joseph S. Bu				1	Olney	, Maryland		
sharwith with	23a. B	URIAL, CREMATION, REMOVAL			AME OF C	METERY OR CRE	MATORY	23d. LOCATION	COUNTY	STATE
	(.	Cremation	15, 19	983 Me	etropo	litan Cr		ry Alexandria	Vir	ginia
50M 1/76	24. FL			umphreys Fu			25a. DATE	REC'D. BY REGISTRAR 256. REGIST	RAR'S STANATUR	mel
(4))		Homes, P.A.	Rockvil	le, Maryla	nd		It	B171983	-0	

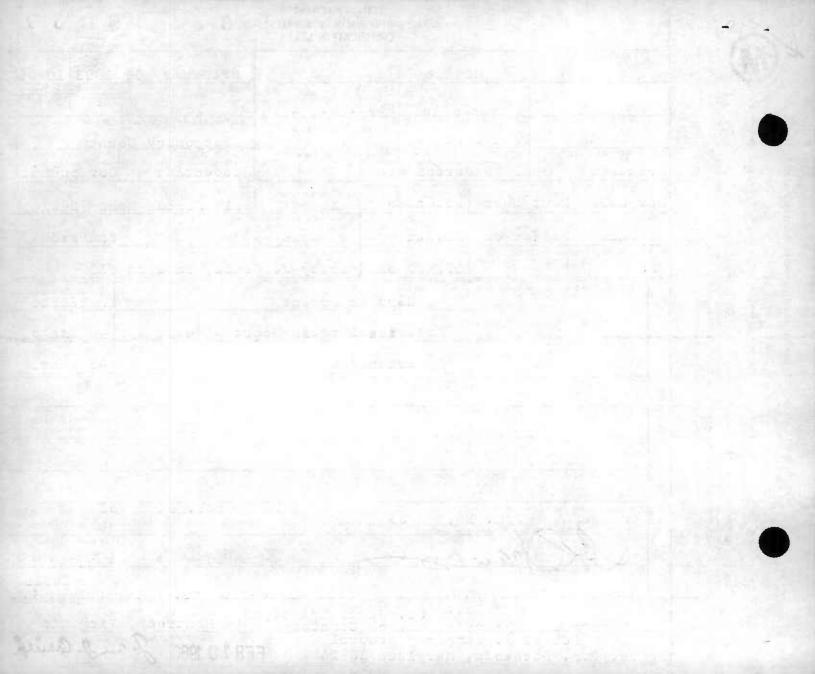


3	1 -	FOR STATE REGISTRAR	lusse	ee	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		8 5 REG. N		5 0	3.8
page 3	(TYPE	CEASED NAME ORPRINTI	FIRST		MIDDLE	Mo	rris	2	ATE OF DEATH	3		2b. HOUR 10,557 M
Ster, p	3. SE	1		W		MONTH			76			HOURS MIN.
M)		RTHPLACE (STATE OR F. COUNTRY)	OREIGN 76.	CITIZEN OF	WHAT COUN	TRY? 8 MARRIE WIDOWE	NEVER MARRIED		LTIMORE CITY C	ntgome		MD.
rs offer d by th filed potit	^	i thester	TH 11		HOSPITAL, NO THE FACILITY GIVES		re Center	(TYPE	USUAL OCCUPAT OF WORK FOR MOST O Engineer	OF WORKING LIFE)	INDUSTRY	BUSINESS OR lal Lead
filled in could be f		AL RESIDENCE (IF NUI)S TATE Md.	ing home or of 13b. COUNTY Montgo	Y	13c. CITY OR	TOWN  rsburg	13d. INSIDECITY LIMI YES 🖔 NO 🗌	2	TREET ADDRESS 01 Russe	ll Ave	20	877
impletely and 2 sh	14. FA	THER'S NAME FIRST	MID	DOLE	Mor	ris	15. MOTHER'S MAIDE FIRST Fannie		MIDDLE		Volke	S
n and ca Pages 1		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME			SECURITY NO. 05-7241	Hugh M. N	Morris		So. Wes	stland Md. 2	0877
ires that the death certific gned by the attending ph in please remove carbonp burial, cremation, or rema iry, or other traumatic even	7	Canditions, if any, gave rise to immrause (a), stating underlying cause	which mediate lost.	DUE TO, CO	RAS A CONS	SEQUENCE OF SEQUENCE OF	otricula bita bi	J CL	MMONE	In di	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	min yr.
he law requan.  hos been si t permit. The tene prior to aws any inju	CERTIFICATION	CETE 6502 190. DATE OF OPERA	,	196. COND		HICH OPERATIO	CHRONIC N WAS PERFORMED	20	M SYNC ■ AUTOPSY? ■ NO	20b. IF YES,	WERE FINDING ING CAUSES O	
ding physicia ding physicia is certificate h burial-transit f Mental Hygie or Hem 18 shar	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER)	P	.M. MONTH .M.	DAY YEAR	21c. HOW INJURY O	CCURRED (	ENTER MATURE OF INJU	URY IN ITEM 18 PAR	RT I OR PART 2)	
ar attendi After this se as the br ealth and M marked ar	MED	21d. INJURY OCCURING AT WORK AT WORK AT WO	RK	( AT HOME, ST		FFICE, FARM, ETC )	211 LOCATION STREET	21.	o Feb	ZO1	COUNTY	STATE hot (i) (we) lost
AL DIRECTOR letached for use Dept. of H		saw the decess obave,(I)(we) (- 22b. SIGNATURE	ed alixedadid did not	view the body	rafter death.		DEGREE  ATTENDI PHYSICI		DICAL STA		22c. DATE S	
ro Hospital etained by th TO FUNERAL should be deta with the State I		278. PHYSICIAN'S N	0	Mo	re V	C	22e ADDRESS 207 Bro				ers6 u-	ghed.
BP		BURIAL, CREMATION, (SPECIFY)  Cremati	REMOVAL	23b. DATE 2/21	/183		emetery or cremat Crematory	ORY 23	d tocation city or town Washing	on ,	COUNTY D.C	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	MERAL DIRECTOR	y San	Deson	316 d	Ly Diamo	nd Ave.	EB 2	8 1983	256 REGISTR	R's Eleval	<b>建</b> 人



	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENT, ICATE OF DEAT		NE 8 3	0	5 0	3 9
AL.	1. DECEASED NAME	FIRST	h	IDDLE	L	AST	2	DATE OF DEATH MO	NTH DA	Y YEAR	2b HOUR
le o +		Lillia	n Ne	vitt	Mori	ison		February	1 1.	1983	10:00
	3. SEX		4 RACE		5. DATE O	F BIRTH		AGE (IN YEARS LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HRS
director, page hours offer death	Femal	e	Cauca	asian	Sept		904	78	YRS.	NIHS DAYS	HOURS MIN
Po Po	70 BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 AAADDIET	NEVER MARRIE	ED   9	9 BALTIMORE CITY OR COUNTY OF DEATH			
nu Z	Virgi		United	States	WIDOWE			Montgomer	v Co	untv	MD
by the fu	Bethesda	FDEATH	OF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET, Ordan I	ADDRESS)	R OTHER INSTITUTION	- (	In USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO ACCOUNTANT	ORKING LIFE)	12b. KIND OF INDUSTRY	U.S.
lled in old be mustibe	USUAL RESIDENCE (IF 130. STATE Maryland	13b COUN	TY	Bethes	N I	13d. INSIDE CITY LIA		Be. STREET ADDRESS	n		
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completely filled Tond 2 should k	Thomas	Jeffe		Nevitt		Josie		WIDDIE		Sanfo	rd
Poges I	160 WAS DECEASED E		MED FORCES?  WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT		ADDRESS			17,412
S. Po	No			577-60-	-3182	Betty-J	Jo Go	ould, same	as	#13	
g physicior on popers. emovol. event, the	18 CAUSE OF D	EATH (Enter online WAS CAUSED	y one couse per l	ine for (a), (b), one	d 101.			4		BETWEEN O	MATE INTERVAL
g ph on p	TARTI. DEA		E CAUSE (a)	Ca	ardia	c Arrest				Immed	iate
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tion.  e hos been it permit. I glene prior hows ony it	RTIFIC	190 DATE OF OPERATION			VHICH OPERATION WAS PERFORMED					, WERE FINDINGS USED YING CAUSES OF DEATH?	
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ottending ter this ce is the buri h and Mer rked or Ite	21d. INJURY OC	MEDICAL EXAMINER)  CURRED  DI WHILE  LI WORK	P.M 21e PLACE O (AT HOME STREE		ARM, ETC )	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
TOR: Affor use of Health	22a.1 certify the	ot (I) (this hospito	ol) oftended the Jan. 1	deceased from 19 8	3 , one	d that in (my) (our) o	74 opinion dec	to Feb. 1,			hot (I) (we) lost ouses stated
hos thed rept.	22b. SIGNATUR	///	Violettie body o	irer dedili.	0	EGREE				22c. DATE S	IGNED
by the	224 PHYST IAN	S NAME THE S	Man-	les		ATTEND PHYSIC	DING EIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	1 🗆	Feb.1	,1983
ro Fun should b			111111								20815
should b			ani, M.			5530 Wi	scon	sin Ave. (	hevy	Chas	e, Md.
BP	230 BURIAL, CREMATI (SPECIFY) Buria	a1	<sup>23b. DATE</sup> Fe 4, 19	os Chi	irch	METERY OR CREMA es Episo Cemetery	copa1	23d LOCATION CITY OR TOWN  Montro	ss,	Virgi	nia
MH - 16 50M 1/B1	24 FUNERAL DIRECTO	Robert	A. Pu	mphrey	Fune	ral 2	250 DATE R	EC'D. BY REGISTRAR 25b.	RESTRA	R'S SIGNATU	P A
(VRA 15, 4)	Homes, P						FE	BIO 1983	600	mor	wancey

DHMH - 16 50M 1/B1 (VRA 15, 4)



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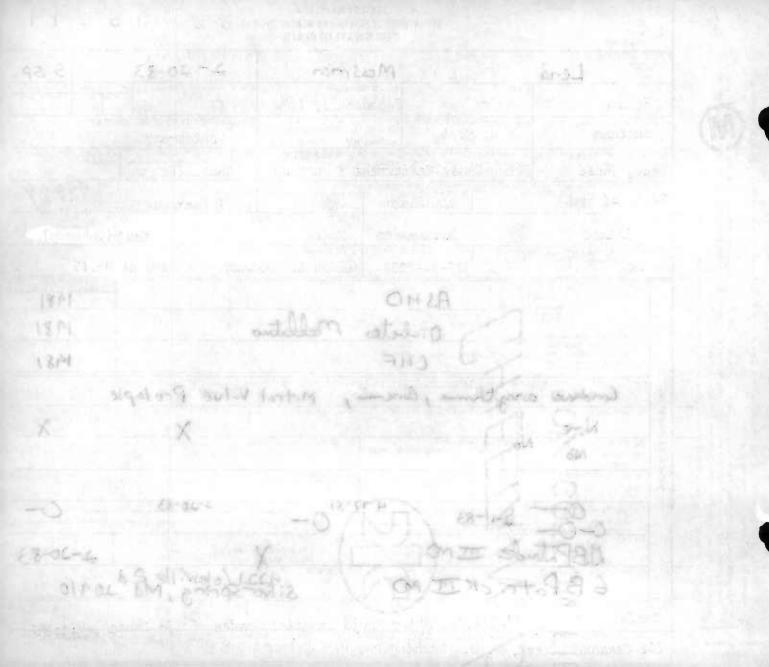
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remarks annexal Home 11800 N.H. Arc.,

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wan dippoon, DC

5 6	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH CERTIFICATE	AND MENTAL HYG		<b>0</b>	5 0	4 1
the second		CEASED NAME FIRST	à	WIDDIE	Mass	ממח	20. DATE OF DEATH	1 MONTH DA	Y YEAR	26. HOUR 5:15P
per 4 may	3. SE	x Female	4. RACE White	e	5. DATE OF BIRTH February		6 AGE (IN YEARS LAS	YRS.	FUNDER I YEAR	IF UNDER 24 HR
<b>P</b> (M) <sub>7′</sub>	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	S. A.		EVER MARRIED DIVORCED	9 BALTIMORE CIT	Y OR COUNTY O	OF DEATH	
oy the 1		evy Chase	Chevy	FHOSPITAL, NURSIN UCU FACILITY, GIVE STREET Chase Reti	IG HOME OR OTHE	RINSULDIDON	128 USUAL OCCUP (TYPE OF WORK FOR MO HOUS EW)	ATION	12b. KIND OI INDUSTRY	F BUSINESS C
filled in the could be the		AL RESIDENCE (IF NO	E OF OTHER INSTITUTIO DUNTY	136. CITY OR TOW	admission) (N 13d. IN: (The state of the sta	SIDE CITY LIMITS?	13e STREET ADDRES		99	7999 N. W. 9
nopletely ond 2 sh	14. Fz	TSrael	WIDDLE	Abramou		THER'S MAIDEN NA			sman .	
n execut Poper 1		VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCES?	577-84-3		ormant ton L. Mos		Same as		
he death certificate ne ottending physicismove carbon paper mation, or removal.		Conditions, if ony, which	DUE TO,	er line for (a), (b), on AS H	10	nellitu	o			nase interval 1481 1981
ned by the please reprind, ore by the year of the year		gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICATE	DUE TO, (c)_	OR AS A CONSEQUI	• •	LATED TO THE TERM	INAL DISEASE OR CO		N IN PART 110	1481
The law required on the law required on the law required is the law remit. The giene prior to be those ony injured on the laws ony injured on the law remit.	CERTIFICATION	190. DATE OF OPERATION		DITION FOR WHICH	51 525		20a AUTOPSY?	IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
NG PHYSICIAN: The ottending physician as the buriol-tronsit phy on a sthe buriol-tronsit phond Mental Hygier arked or Item 18 shown	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING USE OF CIFE EITHER, NOTIFY MEDICAL EXAM 218 INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A	OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19 211. LC	OCATION STREET	RED (ENTER NATURE OF	injury in ITEM 18 PAR	COUNTY	STATE
A ATENUING hospital or at hospital or at RECTOR: Affected for use as tippt of Health or em 21 is mark		220.1 certify that (1) Has he sow the decease alive above (1) was did (d	on J-11	<b>-83</b> 19	ond that i	n (my) (our) opinion	death occurred on the			
The Design	-	276. SIGNATURE BP 27d. PHYSICIAN'S NAME AT	YPE OR PRINT)	MIM	DEGREE	ATTENDING PHYSICIAN DDRESS	MEDICAL S DIRECTOR PHY	STAFF YSICIAN	22c. DATE	70-83
TO HOSPITA retained by TO FUNERA should be de with the Stal		BURIAL, CREMATION, REMOVE	VAL 23b. DATE		NAME OF CEMETER		23d. LOCATION CITY OR TOWN	Ma	LOUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	uneral director Dona 32 Carroll St	2/23/ ld M. St reet, N.	ein Hebrei	v Memoria		Gardon For EREC'D. BY REGISTE B 2 8 1983	RARRY REGISTR	ARY SHOW	Aginia



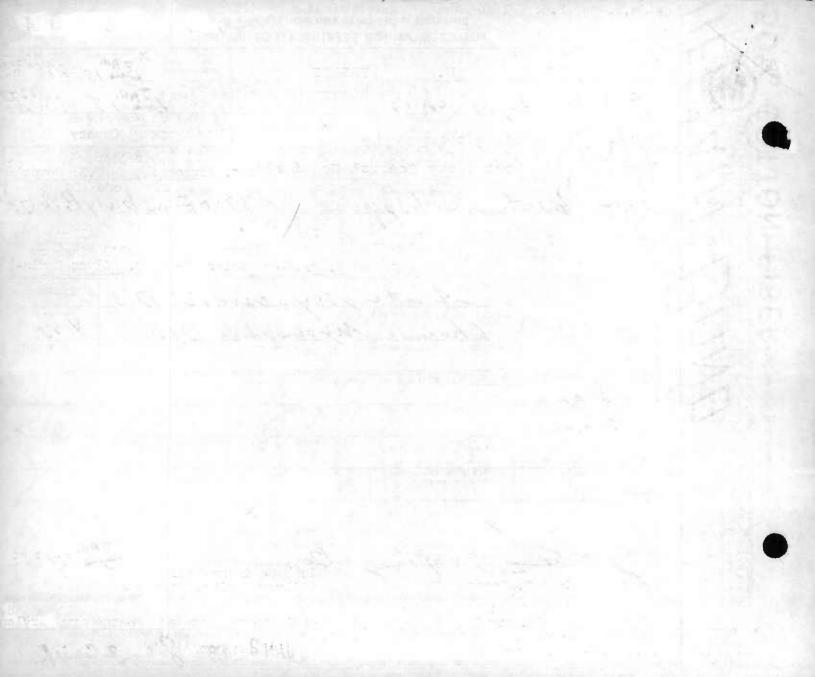
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5		FOR STATE				NT OF HEAL			-	9	7	0 1	Sing.
10	V	REGISTRAR		WED		AMINER'S	CERTIFIC	ATE OF D		REG. NO			
	,	1. DECEASED NAA (TYPE OR PRINT)	AE FIRST		WIDDLE		LAST		20 DATE	KNOWN E	MONTH	DAY YEAR	2b. HOUR
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	HRESE S	3 SEX	4. RACE	5. DATE OF BIRTH			UNDER 1 YR.	HOURS MIN	RS. 2c. DATE	ICED	MONTH	DAY YEAR	25 H 210
		Male	White	Aug. 28 1	908	74 YRS.	NIHS DATS	HOURS MIN	DEAD	)	2-1	- 1,83	PM
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	DO DE	It.	aly	U.S		WIDO	OWED	DIVORCED	oM Mo	_	ery Co	•	MD.
	SECT S	HD. CITY OR TOWN	ville	11. NAME OF HOSP		ng home, or o Hospital			USUAL OCCU FOR MOST OF WOR	RKING LIFE)		OR INDUST	RY
	SS TO TO			OR OTHER INSTITUTION, GIVE				N	ovelty	Worke:	r	Metal	5
BALTIMORE, MD. 21201	ATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE LID BE USED AS A BURBAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED MENT OF HEALTH AND MENTAL HYGIEINE, DIVISION OF VITAL RECORDS, 201 TO BURBAL, CREMATION, OR REMOVAL.	130 STATE	13b COUN		13c. CITY OR		13d INSIDE CIT		STREET ADDRE		Dr. #6	6 (2087)	7)
9	22, 7 22, 8 22, 8 3. 1	14 FATHER'S NAM					15. MOTHER	S MAIDEN N	AMF		-1 1/10		
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I	AFE NGES ISIOI	Yes, No. OR UNKN		WAR OR DATES)	109-1	0-9157	Paul	J. Mot				Md.208	77
	SB. G. WIT WIT DIV	18 CAUSE	OF DEATH (Enter on	ly ane cause per line f	ar (a), (b), ar	nd (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
S	NG NG TO	PARTID	EATH WAS CAUSE	D BY: TE CAUSE (a) MU	Ltiple	Injurie	25					BETWEEN ONSE	I AND DEATH
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8	ER NSI		ans, if any, which	(4)									
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	EXAP NAC	lying co	use last.	(c)									
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	AND SOFT A		11	ge of the remains descr	bed above,	1		Inspection L	J, Inquiry		nd in my opir	11011	
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	TO MEDICAL EXAMINER. THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	EXAMINER'S	NAME Denn	is F. Smytl	1, M.D	•	ADDRESS_1	11 Pen	a Stree	t, Bal	Ltimor	e, Md.	
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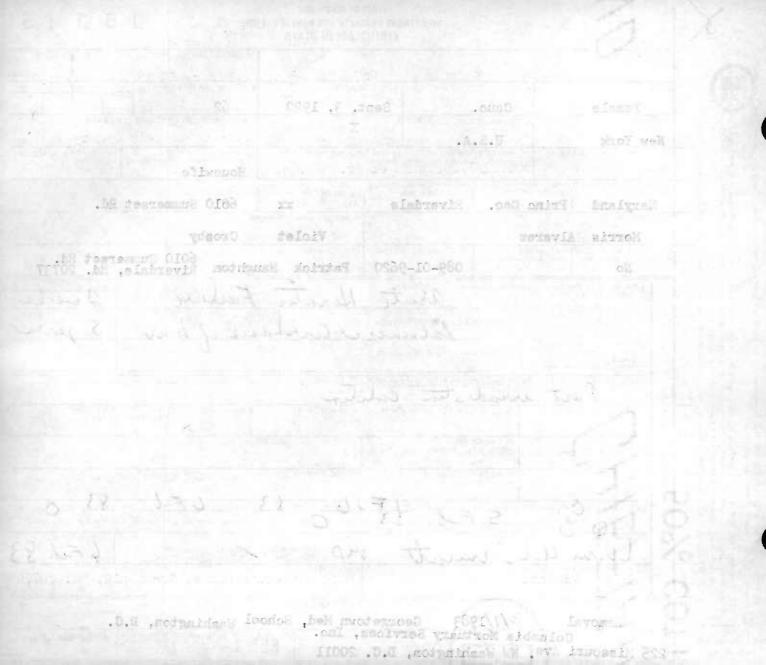
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12	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		15045
A Carlo Harris	I. DF	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR 12h HOUR
4600 th		JEREM		MURPHY	2-17-83	1:30 PM
4	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
19		MALE	CAUCASIAN	OCTOBER 14 1911	71 YRS.	MORNING MIN.
0	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)  NEW YORK	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY MONTGOMERY	TY OF DEATH
(M)	3	SILVER SPRING	8809 READING	NG HOME OR OTHER INSTITUTION ADDRESS) ROAD	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING AUDITOR	12b. KIND OF BUSINESS OR
ly filled in should be	13a :	MARYTAND MO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE  JNTY  NTGOMERY SILVER S	PRING YESX NO	13e STREET ADDRESS 8809 READING R	OAD 20901
omplete I ond 2		ATHER'S NAME FIRST  JEREMTAH  VAS DECEASED EVER IN U.S. A	MIDDLE LAST  MMN MURPHY  REMED FORCES? 166 SOCIAL SECU	15. MOTHER'S MAIDEN NA FIRST MARY	MIDDLE  NMN  ADDRESS	MORRISS IN
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ottending ive corbo ivon, or re bumotic e	4912 Conditions, if ony, which	DUE TO, OR AS A CONSEQU			1974	
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t permit	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  VES \( \begin{array}{c} \text{VES} \\ \ext{VES} \\ \ext
riol-tronsil ental Hygi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	LEATH HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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AL DIREC letoched ite Dept. T: If Item		22b. SIGNATURE	view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	22c. DATE SIGNED 2~17-83
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₩ 3 ₹ <del>- 1</del>		BURIAL, CREMÁTION, REMOVA	L Zih DATE 23c l	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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TO MEDICAL EXAMINER: TO MEDICAL EXAMINER: TO FUNERAL DIRECTOR: PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE POATH, WITH THE SITE PAGE AND A PAGE OF THE STATE		22a. I certify that I taak char	ge af the remains des	cribed abave, held an	Autapsy .	Inspection .	Inquiry , an	d in my apinian	
AMIN STIFFE STIF		death resulted from: Natu	ral causes .	Accident, S	vicide, Hami		mined manner,		
WAW.WAW		ACTUAL SIGNATURE	A.	(2003)	TIPLE (S	SPECIFY)		DATE JAN.	1+10 02
SEAT SEAT	-	5	10	19		919 Seminar	N Road	SIGNED	1
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539548 -	23o. B	URIAL, CREMATION, REMOVAL	1,00		METERY OR CREMAT	CITY OR	ATION	COUNTY	STATE
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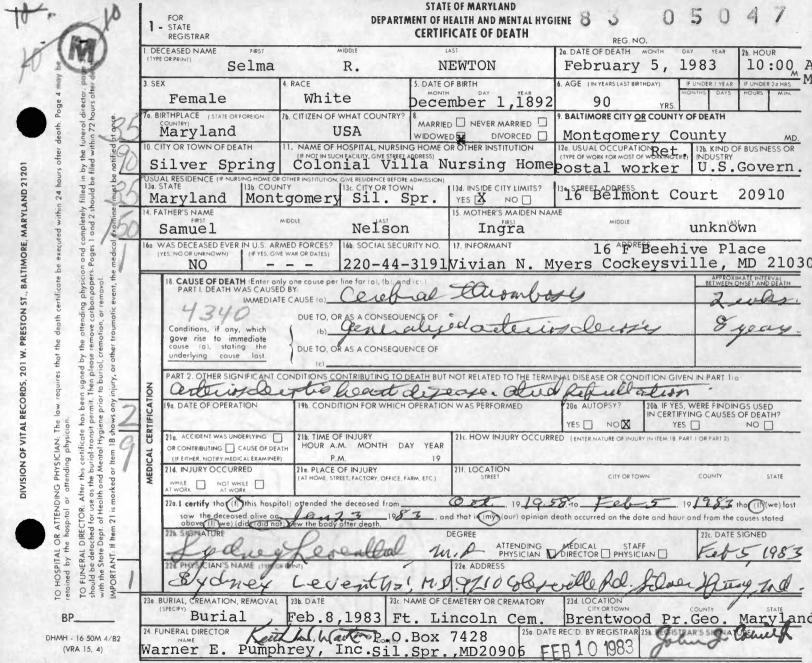


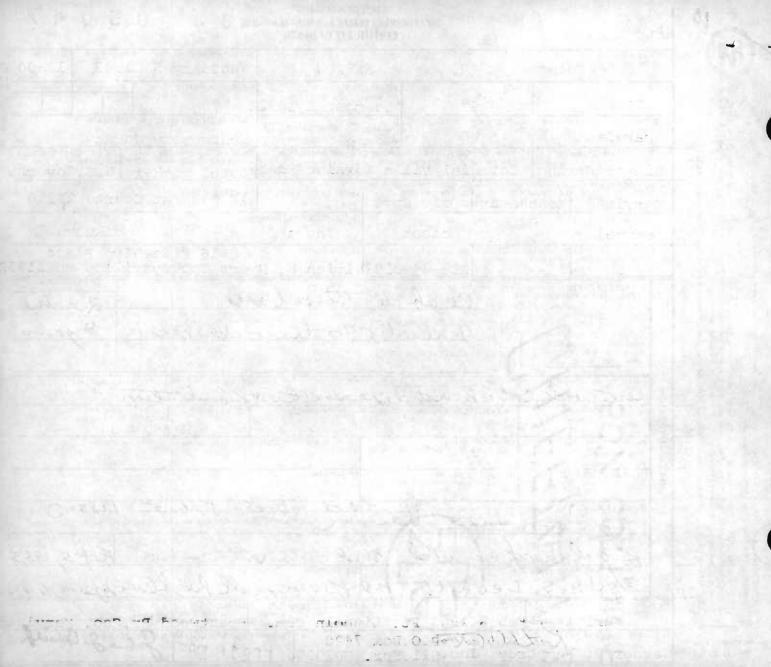
	1	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3  CERTIFICATE OF DEATH	0 5 0 4
		ECEASED NAME FIRST	E GORM/EU NE/SON 2.3.83	DAY YEAR 26. HOUR
	3. SI	Female	White Share Of BIRTH  MONTH Aug. 30, 1912  6. AGE (IN YEARS LAST BIRTHDAY)  70	MONTHS DAYS HOURS
Honce.		SIRTHPLACE (STATE OR FOREIGN COUNTRY) ashington D.C.	76. CITIZEN OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   MONTGOMERY	INTY OF DEATH
notified	T	akoma Park	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Washington Adventist Hospital  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE	126. KIND OF BUSINE INDUSTRY Home
See be			OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) UNTY 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 4505 CALVERT INCE Geo. College Park YES X NO	Road 20740
S Comine	14. F	ATHER'S NAME Hernert S	Santos Gormley  15. MOTHER'S MAIDEN NAME  Significant  Significant  Significant  Significant  Significant  Middle	Mitchell
medico 2		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	SIVE WAR OR DATES)	Fox Drive le. Va. 22003
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or ather trou	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	Zyears I GIVEN IN PART 110
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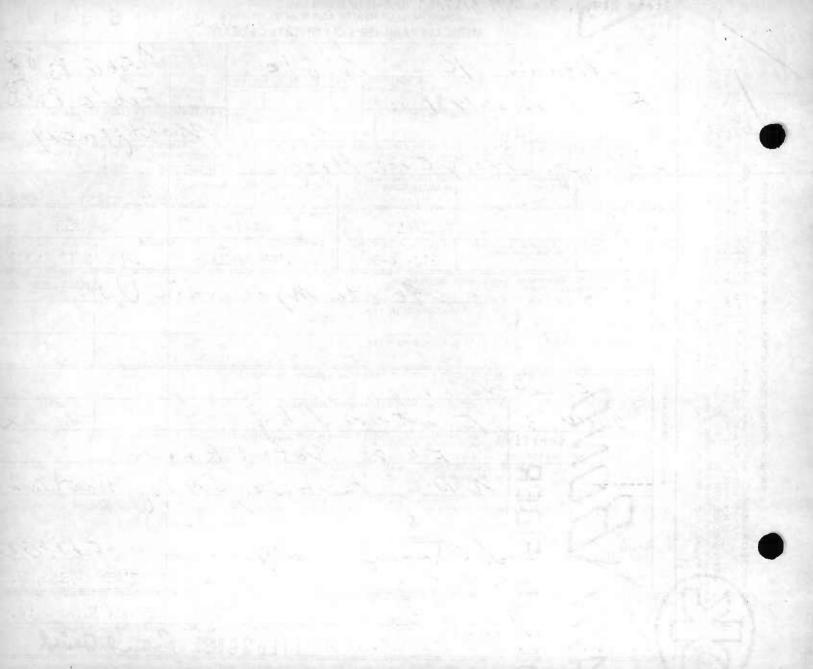




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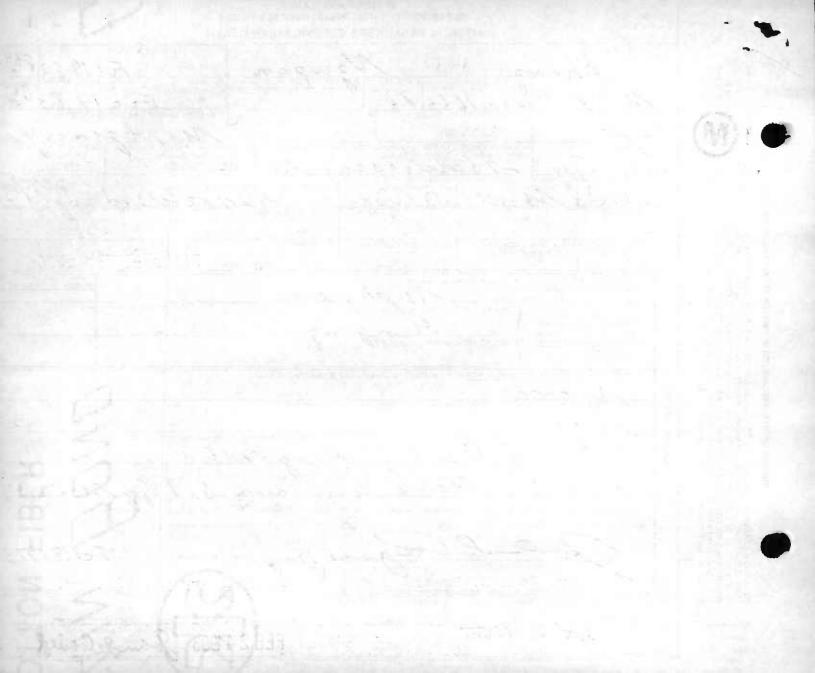
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	NEW	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE O WORK 12b. KIND OF BUS FOR MOST OF WORKING LIFE)  OR INDUSTRE	SINESS
	PAC	Jal. Jpg. 14014 Cross Hospi Housewife	
5	Z CORD	USUAL RESIDENCE (IF IN JURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  132. CITY OR TOWN  133. INSIDE (11Y LIMITS?  138. STREET ADDRESS	
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QK O	17 TH. 1	14. FATHER'S NAME	
8	AN P P	JAMES PICKERAL SARAH WEST	
BALTIMORE. MD.	URS AFTER DEATH. IF ANY DELAY IS B. GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM. 3. RETAIN PAGE T. PAGES I AND 2 SHOULD BE FILED DIVISION OF WIAIR RECORDS, 201	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 1165. NO. OR UNKNOWN) IF YES, GIVE WAR OR DATES) 1160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 214-74-5495 MARILYN JOHNSON SAME AS 13 DA	AUGHTI
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	AL DICTOR	SIGNATURE DATE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	1983
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	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL! WITH THE ST. BATTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	ADDRESS 777 SEMINARY ROTE STEVER STREET	, MU.
	FORFER	230. BURIAL CREMATION, REMOVAL 230. DATE 236. NAME OF CEMETERY OR CREMATORY 230. LOCATION CITY OF COUNTY STA	VA.
	BP (93)	BURIAL 2/22/83 Greta Burial Park GRETNA PITTSYLVANIA  24. FUNERAL DIRECTOR FRANCIS J. COLLINS  125. DATE REC'D. BY REGISTRAR 25L REGISTRAR'S SIGNATURE.	VA.
	DHMH - 17 (VR A15 ME (5))	500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 FEB 2 8 1983 Jan & Court	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN PO MONTH (TYPE OR PRINT) (NMN) OF ESTI-DEATH MATED AGE (IN YEARS IF UNDER 24 HRS DATE Oriental PRONOUNCED To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Vietnam Vietnam WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF MYRK FOR MOST OF WORKING LIFE) OR INDUSTRY Student School 13e. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Lan Nguyen Luoc Nguyen 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 03 Woodedge Rd. 1.Spr., MD 20906 166 SOCIAL SECURITY NO. 212-92-4495 Lan H. Nguven 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a) stating the underlying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURI JER, THIS CATE, WRITIN, F. FORWARDED TO 1, S. PAGE 3 SHOULD BE. TE DEPARTMENT O "RIGR TO BUF YES [ NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR AM. MONTH DAY CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 2:201 P WHILE AT WORK AT WORK on Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy Suicide 2 death resulted from: Accident Homicide Natural couses Undetermined monner TITLE (SPECIFY) ACTUAL SKINATIKE John S. Rogers, DME 1919 Seminary Sil.Spr., Rd. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial Rockville BP P.O.Box 7428 Inc.Sil.Spr.,MD 20906 **DHMH - 17** (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND



Po	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 0	5052
y be		CEASED NAME FIRST GEORGE	E DWARD (	ConnoR	20. DATE OF DEATH MONTH	8- 83 748 DM
sge 4 may	3. SE	MALE	CA Mastan	5. DATE OF BIRTH MONTH DAY YEAR 2-2-04	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
de or h. P.	WA	IRTHPLACE (STATE OR FOREIGN SHINGTON, D.C.	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIEDXX NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY  MONTGOMER	
To offer the state of the state		TAKOMA PARK	(IF NOT IN SUCH FACILITY, GIVE STREET WASHINGTON ADV	VENTIST HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PUBLIC RELATIO	
filled in nould be	13a.	AL RESIDENCE (IF NURSING HONE OF STATE 136. COUR		WE ADMISSION) WIN 13d. INSIDE CITY LIMITS?  SVILLE YES XX NO	130. STREET ADDRESS 2115 DREXEL S	
campletely 1 and 2 sl		ATHER'S NAME FIRST  MORRIS	MIDDLE LAST O' CON	IS. MOTHER'S MAIDEN NA FIRST KATE	MIDDLE	WHEATLEY
be execu			RMED FORCES? INE WAR OR DATES) 1 11 233-10-		ADDRESS O'CONNOR SAME	AS 13 WIFE
rificate be executed within 24 hours physician and campletely filled in by propers. Pages 1 and 2 should be Illemoval.		PART I, DEATH WAS CAUSE	only one couse per line for (o), (b), o ED BY: ATE CAUSE (o) Condition	A . 1	st	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ING PHYSICIAN: The law requires that the death certificateding physician.  After this certificate has been signed by the attending place the burial-transit permit. Then please remove carbons the and Mental Hygiene prior to burial, cremation, ar remarked or Item 18 shows any injury, ar other traumatic even	1	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEON  (b) Arrowy  DUE TO, OR AS A CONSEON  (c) End	the mia	Status	
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TEND ortal or TOR: A or use or use of Heal		sow the deceased alive on	oital) attended the deceased from  2 1 8 3 19  at view the body after death.		death accurred on the date and ha	our and from the causes stated
TAL OR AT yy the hosp RAL DIREC detached f fote Dept. o	3	226 SIGNATURE	cannon/ca	DEGREE  M /) ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the State IMPORTANT:	35	10 N Y P.	ORPRINTI KANNARI	KA7 8201 1	6 th st 5.5	MD 20911
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DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	NAME FRANCI 500 UNIV.BLVD.	IS J. COLLINS DDRESS W. SILVER SPRI	NG, MD. 20901 FE	B 2 8 1983	STRAR'S SIGNATURE

je	1	FOR STATE REGISTRAR		F1 - 2 - 1 - 1	PARTMENT OF H CERTIF	EALTH AND MENTAL	REG. N		0 5 3
1			MARY	MIDDLE		OLEKSYN	20. DATE OF DEATH	MONTH DAY	2b. HOUR
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death. Po	770	BIRTHPLACE (STATE OR F COUNTRY) Kraine		citizen of what cou U <b>krai</b> ne	MARRIEI WIDOWE	NEVER MARRIED	Manhaama		
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in 24 hav	100	Silver Sprin  JSUAL RESIDENCE IF NURS  30. STATE  Maryland  FATHER'S NAME	ng home or oth PSI COUNTY Montgot	nery Silve	er Spring	13d. INSIDE CITY LIMIT: YES NO 1	802 Malibu	Dr 20	901
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At OR ATTENDING the hospitol or AL DIRECTOR: Af BORDCARE of AL DIRECTOR: Af detoched for use of Dept. of Health.		sow the decease	d olive on	ew the body after death.	19 <u>£3</u> , or	d that in (my) (aum) opi	nian death accurred on the	date and hour and	from the couses stated  22c DATE SIGNED  2-3-53
TO HOSPITAL retained by the TO FUNERAL should be determined the State with the State MAPORTANT:	1	Edward J				22e ADDRESS	rgia Avenue,		Spring, Md.
BP———		Burial, CREMATION,		23b. DATE 2-26-1983	Holy Spi	emetery or crematorit Ukraini	lan Hamp tomb	urgn	N.Y. TATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		ines/Rinald:	i Funer	AD HOMO AD	800 N.H.	Ave.,	FFB 2 5 198.	25b. REGISTRAR	SSIGNALIEBULG

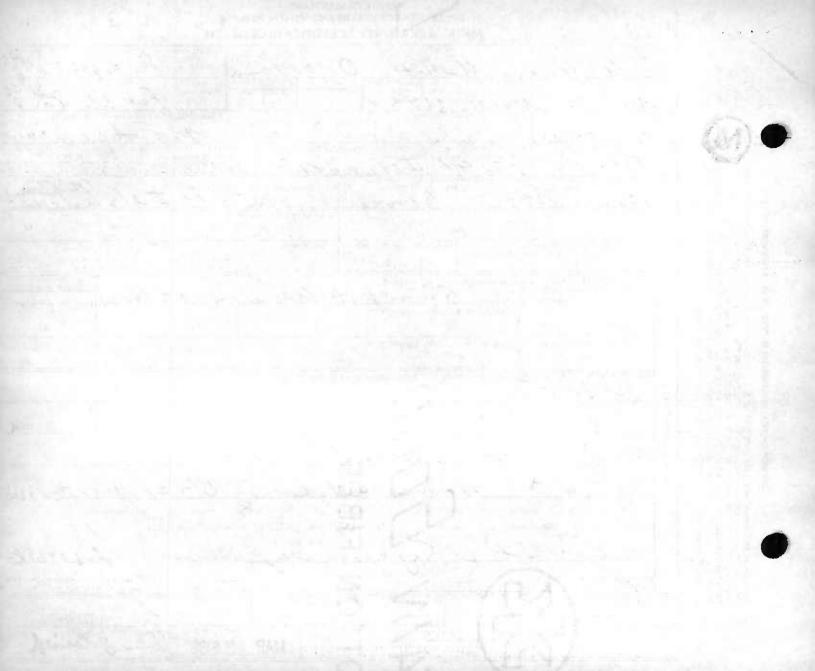
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO . DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-DEATH MATED DATE OF BIRTH DIRECT OUR FI DATE LAST BIRTHDAY PRONOUNCED DEAD 70. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED WASHINGTON D.C 11. NAME OF HOSPITAL, NURSING HOME. SUPPLIER REQUIREMENTS OFFICE NI USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST OVERMAN GERTRUDE BOGER MARION 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 214-32-7826 SAME AS 13 WIFE DORIS ROSE OVERMAN **YES** 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURIA NER: 171...
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TARE DEPARTMENT OF YES 🗌 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PI AT WORK NOT WHILE AT WORK 22a. I certify that I took charge of the remains described obove, held an Autopsy ond in my opinian Suicide death resulted from: Undetermined manner Natural causes Accident Hamicide TITLE (SPECIFY) SIGNATURE 1919 SEMINARY ROAD, SILVER SPRING, MD. ROGERS 23d. LOCATION ALEXANDRIA VIRGINIA CREMATION METROPOLITAN CREMATORY BP. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR FRANCIS J. COLLINS **DHMH - 17** MAR 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901 (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE OF DEATH atherine M. 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH VEAD Female. White 18 1921 June To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York USA WIDOWEDXX DIVORCED [ Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET INDUSTRY 01nev own home LISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) New York 130 CITY OR TOWN 13d. INSIDE CITY LIMITS? 340 W. 28th. Street 10001 YES TO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Stevelitti Ralph Toretto Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 1930 Richwood Ct. 17 INFORMANT HEYES GIVE WAR OR DATEST 130-09-2686 N/A John Paparello-son-Brookville, Md. 20833 APPROXIMATE INTERVAL BETWEEN ONSEJ AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE-O Cancer head/week Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION No ul 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL NOF 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING - CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY STATE 22a.1 certify that (1) (this hospital) extended the deceased from sow the deseased alive on and that in (my) (arr) opinion death occurred on the date and hour and fram the causes stated abave (I) (we) (did) (did not vew the body offer depth 22b. SIGNATURE DEGREE ATTENDING & MEDICAL PHYSICIAN MPORTANT: DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS should be with the ENGORS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 2-24-1983 St. Raymonds Cemetery Bronx New York 24 FUNERAL DIRECTOR 11800 N.H. Ave., 25a DATE REC'D. BY REGISTRAR 25b. PEGISTRAR'S SIGNATURE -46 50M 4/B2 Hines Rinaldi Funeral Home Silver Spring, Md. (VRA 15, 4)

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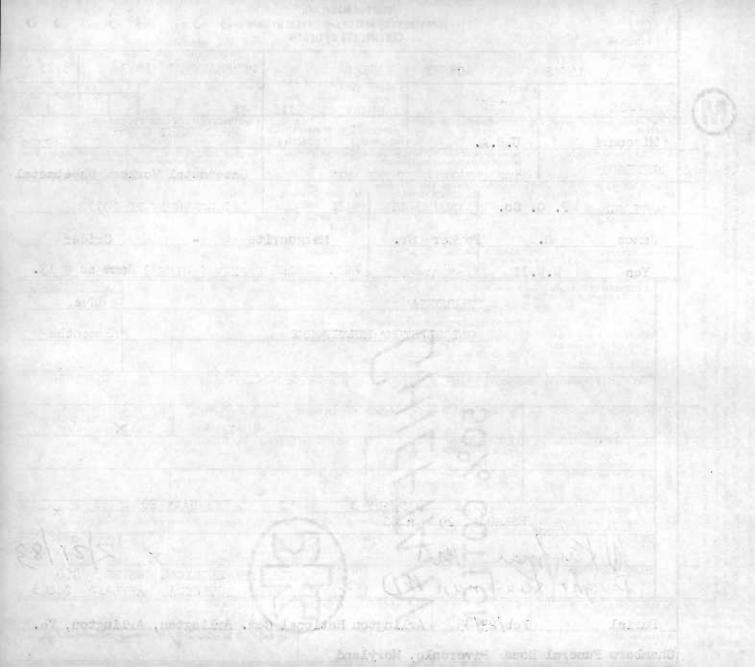
	1	FOR - STATE REGISTRAR		DEPARTA	CERTIF	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	0	5 0	5 6
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equires that the death certificate is signed by the attending physicia Then please remove corbonopaers to burial, cremation, or removol. injury, or other traumatic event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN	SED BY:   ATE CAUSE (o)    DUE TO, (   (b)    DUE TO, (   (c)	PNEUMONIA  DR AS A CONSEQUE  GLIOBLAS  DR AS A CONSEQUE	TOMA I	MULTI FORME	AINAL DISEASE OR COI	NDITION GIVEN	days	nths
n. nos been permit. ne prior ws any	CERTIFICATION	19a, DATE OF OPERATION	196. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES X NO	20b. IF YES, V IN CERTIFYII YES	VERE FINDIN	GS USED OF DEATH?
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AL OR ATTENDING P y the hospital or atter AL DIRECTOR: After the detached for use as the rate Dept, of Health and UT: If hem 21 is marked		22a.1 certify that (X(this has the deceased alive above 1 we) letter above 1 the second live 1 the sec	spitol) attended to the control of t	the deceased from ARY 20 19 3 voter death.	£_83. or	d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [	MEDICAL ST.	AFF	22c. DA ES	21/82
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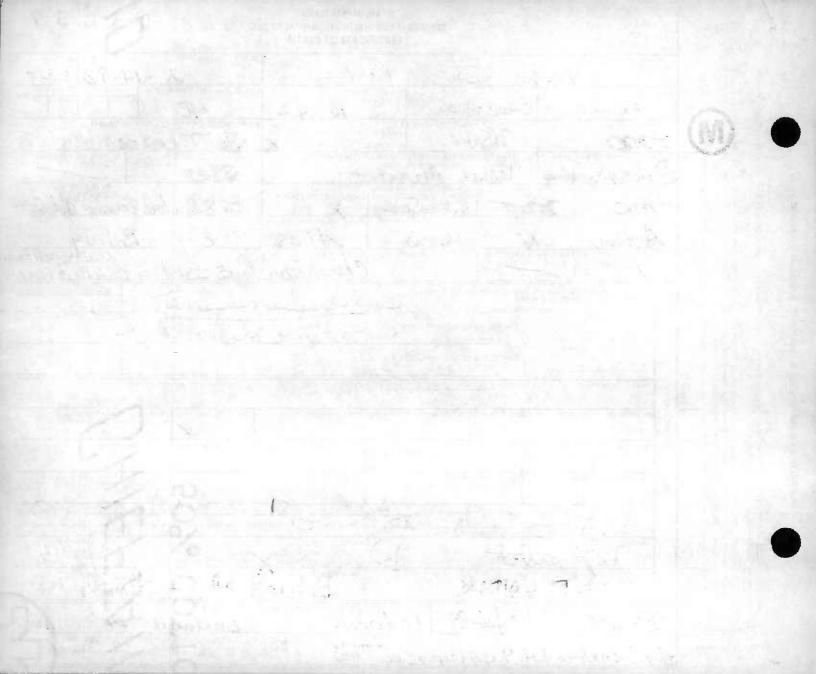
(VRA 15, 4)

Chambers Funeral Home Riverdale, Maryland

Arlington National Gen. Arlington. Arlington.



15	1,	FOR STATE	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTA	-	5 0	5 0	5 7
	1. DE	REGISTRAR  CEASED NAME PIRST E OR PRINT)	MIDDLE	CERTIF	AST D	20. DATE O	REG. NO.	DAY YEAR 2	b. HOUR
ay be	3. SE	Virgi	e JEAN	5. DATE C	rks	A AGE UNIX	2 -	14-83	3:30 PM
ge 4 m	3. 30	Female (	AUCASIAN	MONTH	16 4	AR	40 YRS	MONTHS DAYS	HOURS MIN.
Weeth. Poge		IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COU	MARRIEI WIDOWE	NEVER MARRIE	0 4	RE CITY OR COUN		MD.
by the fu	5	ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120. USUAL	OCCUPATION K FOR MOST OF WORKING	LIFE) 12b. KIND OF I	BUSINESS OR
AND 212 24 hours filled in audid be	USU 130.	AL RESIDENCE INNURSING HOME OR OTHER STATE 136 COUNTY	13c_CITY O		13d. INSIDE CITY LIM	ITS? 13e STREET	ADDRESS Quelve.	Terrace 1	3+204
MARYLAND red within 24 mpletely illis r and 2 sheulds	ILF.	ATHER'S NAME FIRST MIDI	Ho"	nst Nis	15. MOTHER'S MAID	EN NAME	MIDDLE	Boling	
BALTIMORE, cote be execut sisting and coppers. Pages 1 val. t, the medical		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W.		L SECURITY NO.	17. INFORMANT Clary Je	an Parks	STYKUESS	n Elani De	# 6241
RDS, 201 W. PRESTON ST., BAB equires that the death certificate in signed by the attending physici. Then please remove carbon appear to burial, cremation, ar removal.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	NSEQUENCE OF	San L	E TERMINAL DISEAS	DO CONDITION G	GIVEN IN PART I(a)	
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DIVISION DING PHYS or otherdir e os the bu alth and Me	MEDI	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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18 CAUSE OF DEATH Enter only one couse per line for to 1, 1b), and Icu PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)  IMMEDIATE CAUSE (c)
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# 1		FOR			TE OF MARYLAND HEALTH AND MENTAL HYG	urur Q ( n	5050
7	1-	STATE REGISTRAR			FICATE OF DEATH		2021
2.5		CEASED NAME OS	CAR , LI	EEE O/	PHELPS	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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4:moy	3. SE	× /	4 RACE	5. DATE	CHRICH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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Softer Professional States	Si	lver Spring	(IF NOT IN SU	ICH FACILITY, GIVE STREET ADDRESS) OLY CROSS HOSE	PITAL	(TYPE OF WORK FOR MOST OF WORKING LII	INDUSTRY Farm
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MORE, n and co Pages 1		YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	217-09-3988		C // 4.2	
F 0 0 € 0	110	18. CAUSE OF DEATH (En	ter anly one cause pe		Shirley Whi	pp Same as # 13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T, ph		PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)	RESPIRAT	ORY FAIL	ukk	CNE DAZ
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NG PHYSICIAN: The law requires the other other office of the notion of the place of the other properties of the buriol-tronsit permit. Then pleath and Mental Hygiene prior to buriol, for them 18 shaws any injury, and or	CERTIFICATION	198 DATE OF OPERATION	196 CONE	DITION FOR WHICH OPERATI	ON WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
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At OR the hor the hor detacher of Deporter of Herical Direction of Deports of	'n	22) SIGNATURE	- Man	0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 2-19/83
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		3. SE	Emale	Colored . V	5. DATE OF BIRTH  MONTH  DAY  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
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an. has bee t permit. ene pria	and	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
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	≥1		BURIAL, CREMATION, REMOVAL	23b. DATE 23r. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	G. Maryland
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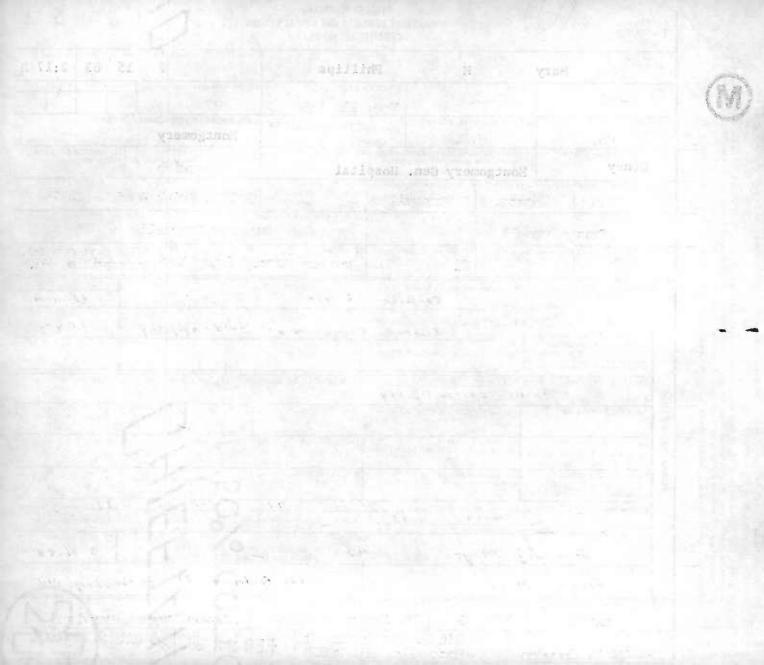
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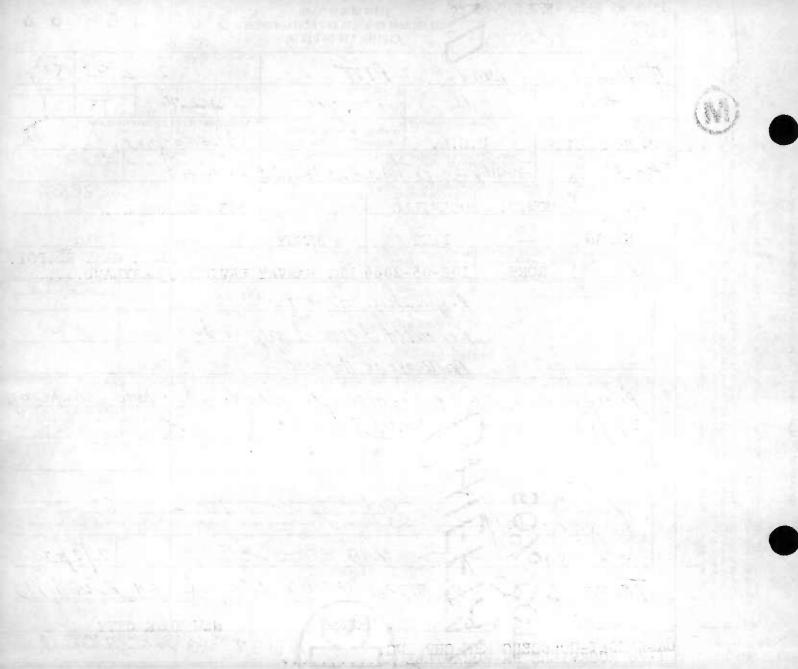
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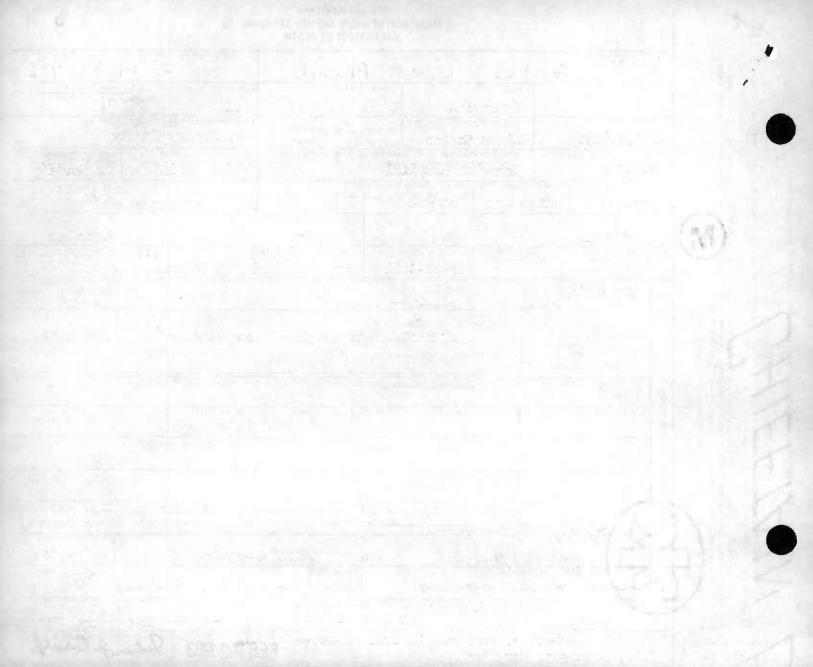
George R. Snowden



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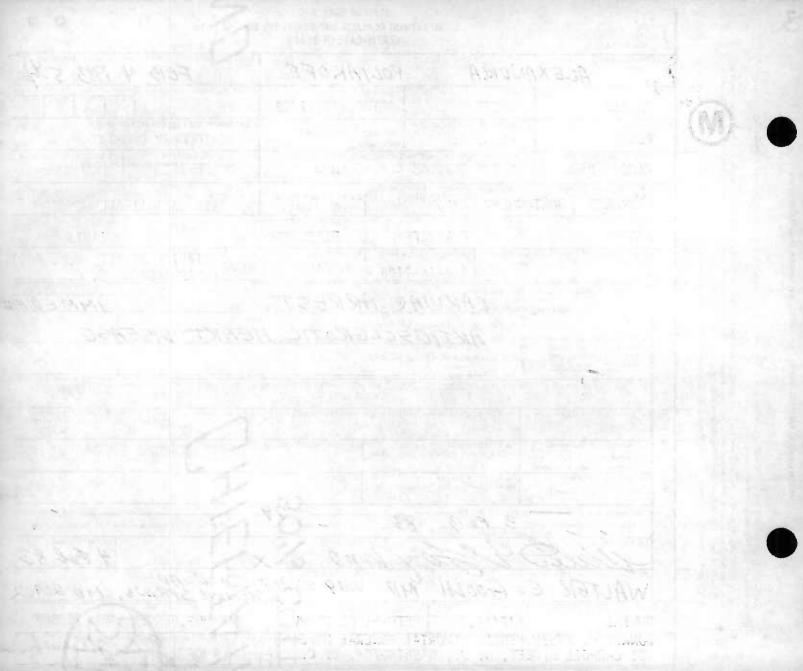
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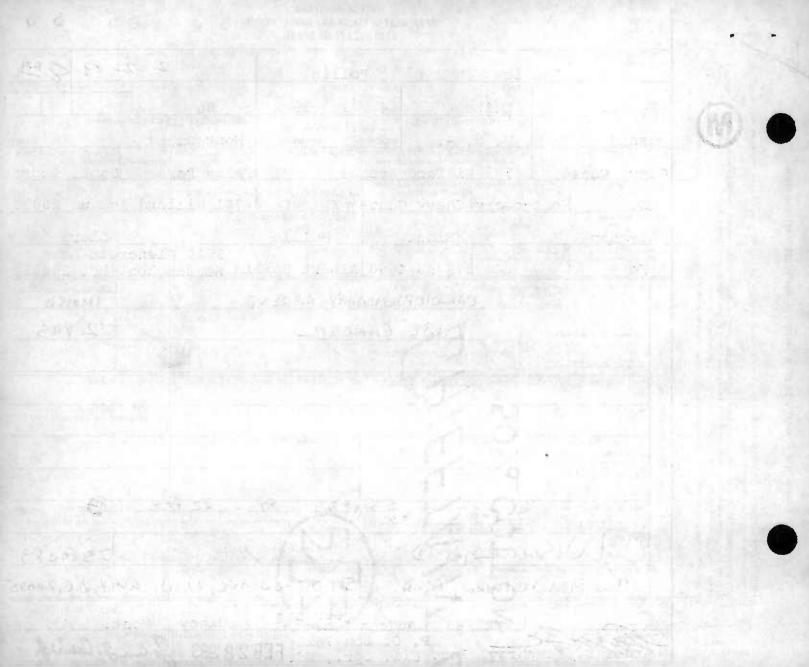
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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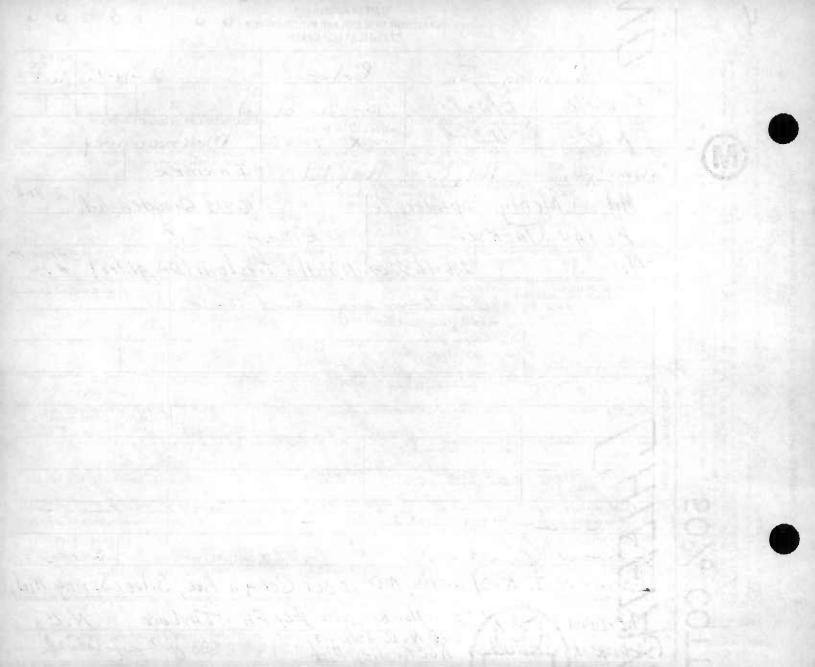


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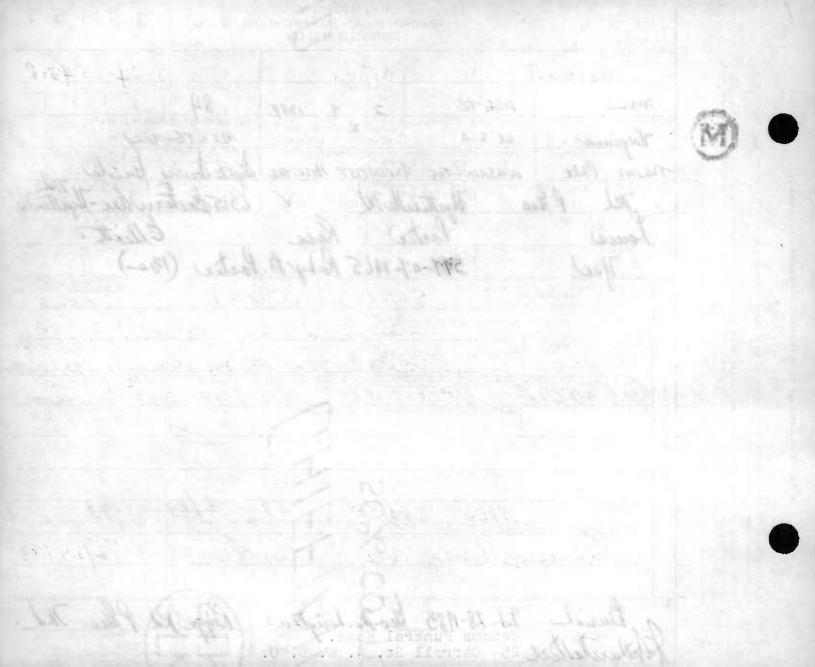
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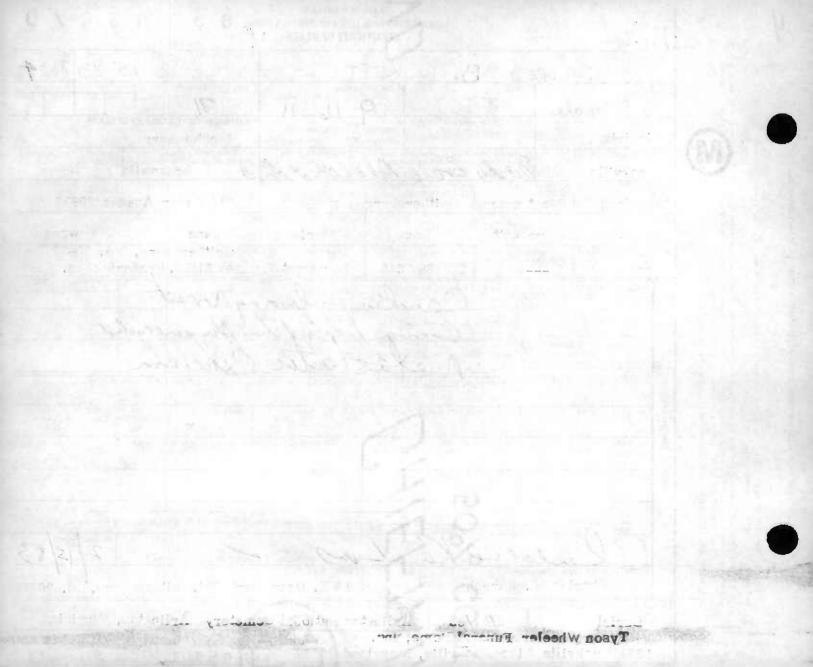
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Poges		NAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO. 17 INFORMANT  17 INFORMANT  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
ires that the death certificate by gned by the attending physicion please remove carbon papers buriol, cremation, or remavol.		PART I DEATH WAS CAUSED BY:  4360 IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate cause (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  UNDER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF AN INTERIOR OF THE TERMINAL DISEASE OR CONDITION OF THE
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to OR ATTENI he hospitol DIRECTOR: foched for us e Dept. of He If Hem 21 is		220 I certify that (1) (this hospital) attended the deceased from
TO HOSPITAL TO FUNERAL should be dete with the Stote		226 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME LAST 20. DATE OF DEATH MONTH DAY TYPE OR PRINTI February 3, 1983 Florence Pugh A. 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE | IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR Female 17, 1901 Caucasian 81 July In BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States WIDOWED X Maryland Montgomery County ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Potomac #7 Deborah Court Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13E CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Marvland Montgomery Deborah Court (20854) Potomac YES X NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE David Beal1 Annie Walker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS LIF YES GIVE WAR OR DATEST No 212-74-1396 Anna Mae Seawell, same as #13 18 CAUSE OF DEATH (Enter only one couse per line for 101, 15% and (c) PART I. DEATH WAS CAUSED BY AS A CONSEQUENCE OF VAOVOI Conditions, if ony, which gove rise to immediate couse (0), stoting the & CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OFFERATION 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR LIFEITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (#ils hospital) attended the deceased from sow the decegned alive on. and that in (my) (come) opinion death accurred on the date and hour and from the causes stated above, (t) (me) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) John O. Allin. B218 Wisconsin Avenue, Bethesda, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Parklawn Mem. Park

23d. LOCATION

Rockville.

Marvland

23b. DATE Feb.

7, 1983

Homes, P.A. Bethesda, Maryland 20814

Robert A. Pumphrey Funeral

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

BP	
DHMH-16 (VRA	

burial-transit per Mental Hygiene

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DHMH - 16 50M 1/B1 (VRA 15, 4)

Hyattsville, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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A S	3 No the control		Bethes		S	uburban Hos	pital		Mainten	ance		IKT
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ST., B	n' ≶ ∟ □		18 CAUSE OF	DEATH (Enter or	nly one couse per li	ne far (o), (b), ond (c).)					APPROXIMA BETWEEN ONS	TE INTERVAL
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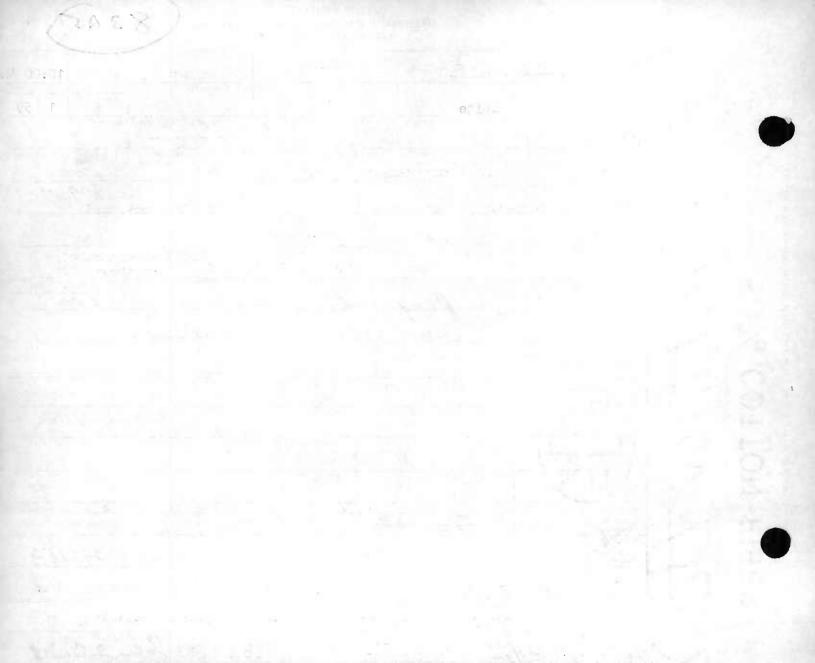
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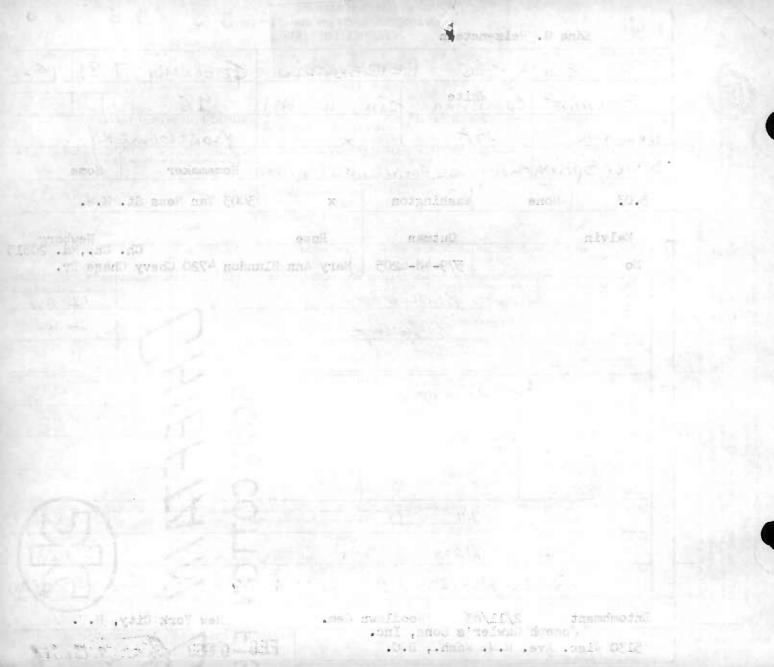
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CO - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2n DATE OF DEATH LENNIE Baby RAY (TYPE OR PRINT) REED, JR 1983 February Reed 10:00 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 83 Male White AND BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Montgomery USA WIDOWED | DIVORCED [ IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Olney Montgomery General Hospital Infant None BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 134 CITY OR TOWN 13e STREET ADDRESS 113d INSIDE CITY LIMITS? Maruland Montgomeru Germantown YES [ 16935 Blackrock Road 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Lennie Reed, Sr. Rau Roseanna Lowe 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 16935 Blackrock Rd. (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES Mr. Lennie R. Reed, Sr Germantown, Md None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a., (b), and (c) PART I. DEATH WAS CAUSED BY 4KS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 Canditions, if any, which gove rise to immediate cause ia', stating DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? NOF NO F 21b. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION ō CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 220.1 certify that (1) (this hospital) attended the deceased from 83, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an obover (we) (did) (did not) view the body ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN nould be de MPORTANT 228. PHYSICIAN'S NAME (TYPE OR PRI 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Frederick, Frederick, Md. Mt. Olivet Cemetery Burial 2/10/83 DHMH - 16 50M 1/76 1201ADONES Market St. (VR A 15 (4)) Dailey & Son Frederick, Md.

STATE OF MARYLAND



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20/1	li.	FOR STATE	Defere	. 2	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL I	HYGIENE 8 5	05076
J. 3.		CEASED NAME FIRST	. Reizen	MIDDLE	2 - 1	AST STATE OF DEATH	REG. NO.	TH DAY YEAR 26. HOUR 1 745 AM
	3. SE	ED X FEMALE	4. RACE	hite	5. DATE CONTINUES		6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death Par	L	RTHPLACE (STATE OR FOREIGN COUNTRY)	V4	WHAT COUN	WIDOWE	NEVER MARRIED	BALTIMORE CITY OR CO	DUNTY OF DEATH
Tool -	1.5	ITY OR TOWN OF DEATH	9 Cheux	Chase F	CETIVESS)	NOTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker	RKING LIFE) 17b. KIND OF BUSINESS OR INDUSTRY HOME
thin 24 h		DLC. ISAC	TT T	Washin	gton	13d. INSIDE CITY LIMITS YES MO [] 15. MOTHER'S MAIDEN	3003 Van Ness	s St. N.W. 79477
RE, MAR		Malvin WAS DECEASED EVER IN U.S		Gutm 16b SOCIAL		Rose 17 INFORMANT	ADDRESS	Newborg Ch. Ch., Md. 2081
ALTIMO		YES. NO OR UNKNOWN) (IF YE	s. GIVE WAR OR DATES)		8-6205	Mary Ann H	Blundon 4720 Che	chase Dr.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., B th certifica ding phy arbon pel or remove		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	//	umoni			12 hrs
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201 red the plea	N N	PART 2. OTHER SIGNIFICA	(c)	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	erminal disease or condition	ON GIVEN IN PART 110
NG PHYSICIAN: The law require of the order order of the o	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR W	HICK OPERATIO	N WAS PERFORMED	20a AUTOPSY? 200 IN	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
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DIVISION DING PHYS Or ottendir After this e os the bu	MEDI	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY OF	FICE, FARM_ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
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ITAL OR ho by the ho by the ho detached store Director in the property of the		27b. SIGNATURE	ames 1	Maters			MEDICAL STAFF DIRECTOR PHYSICIAN	2/7/83
TO HOSPITA TO FUNERA should be de with the Stot			mes u	SATER			MISCLASIN AN	e CAEVY CHASE, M
9999		BURIAL, CREMATION, REMO Entombment UNERAL DIRECTOR JOSE	2/11/		Woodlaw		New York	City, N.Y.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	5130 Wisc.	Ave. N.W.	Wash	ESD.C.		FEB 9 1983	Land. Calriel



ng physician and campletely filled in by thin

## STATE OF MARYLAND

1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 3 S	0 5	0//
{TYP	CEASED NAME FIRST E OR PRINT) ANNI	E MURIEL	REPPENHAGEN	2a. DATE OF DEATH		2b. HOUR 2 PM
3. SE	Female	4 RACE White	July 28,1885	6 AGE (IN YEARS LAST BE		I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
1	° New York	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		OR COUNTY OF DEA	TH MD.
Re	ockville	POTOMACUVALLE	Y NURSING HOME	12a USUAL OCCUPAT	OF WORKING LIFE) INDU	IND OF BUSINESS OR STRY
130.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Mon	other institution give residence before ITY Silver S	F ADMISSION)  TO TIME 138 INSIDE CITY LIMITS?  Pring YES NO X	13e. STREET ADDRESS 3553 May	yfair Cour	t 20906
14 F	Maxemillian	Reppenh	nagen Annie	I AME MIDDLE	Steward	LAST
16a \	NAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) (1F YES, GIVI	MED FORCES? 166 SOCIAL SECU 579-60-2		$rac{ ext{ iny ADDR}}{ ext{ iny Loop}}$	ong Island	, N. York
	4360 IMMEDIAT	ly one couse per line for (a), (b), on D BY: E CAUSE (a) COUSE (b) DUE TO, OR AS A CONSEQU	still Heart	Failure	8ET1	PPROXIMATÉ INTERVAL WEEN ONSET AND DE ATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF			
NOL	Hypertes	esiou	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PA	RT 1(a
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO X	20b. IF YES, WERE F IN CERTIFYING CA YES	USES OF DEATH?
EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!		AY YEAR  19	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PAR	RT 2)
EDI	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR SO		

NOT WHILE 22a I certify that This haspital) attended the deceased from sow the deceased almos a above, (1) (we) (did (did no

opinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

19 3, that Daye) last

ROTSETAIN

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

2-5-83

230. BURIAL, CREMATION, REMOVAL CREMATION

FEB.6,1983

23c NAME OF CEMETERY OR CREMATORY
Lee Crematory

DEGREE

Washington, D. Out.

Md.

STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal

IMPORTANT: If Item 21

of Health and Mental Hygrene prior to bur as the burial-transit permit. marked or Item 18 shows

> 24 FUNERAL DIRECTOR FRANCIS H. BARBER

LAYTONSVILLE, MD.

20879

250. DATE REC'D. BY REGISTRAR 256

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Washington, D. C.

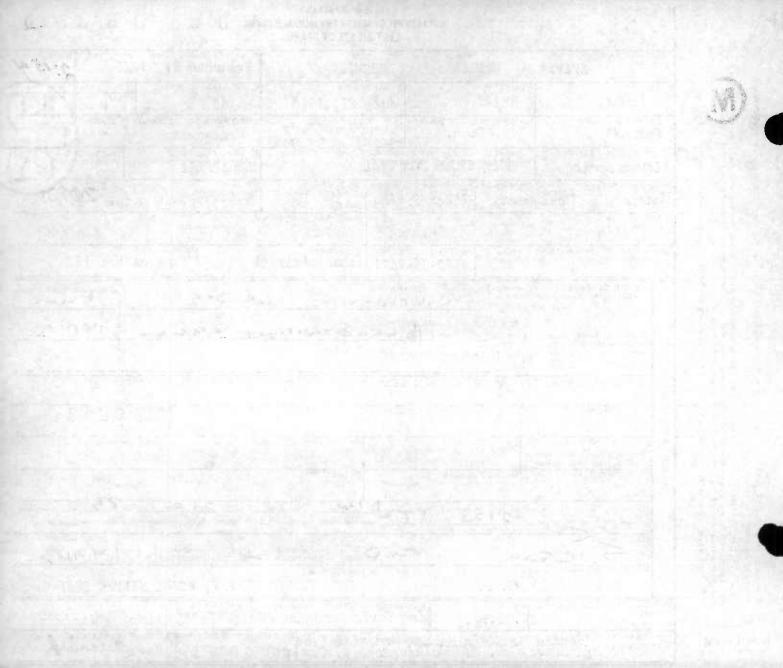
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DHMH-16 30M 2/80

(VRA 15, 4)

232 Carroll Street. N. W.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



						STATE	OF MA	RYLAND							
	FOR STATE				DEPARTM	ENT OF HE	ALTH A	ND MENT	AL HYGIEI	NE S		0	2	0 7	9
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STATE	J JEA	7. 1	400	MONTH DAY	YEAR	LAST BIRTHDAY)	MONTHS	DAYS HOUR	DER 24 HRS	PRONOUN	NCED	MOIN	THE DA	TEAR	10:00
SARY, P AL DIREC YOUR I IN 72 HG TON ST	Male		White	Apr. 9, 1	L915	67 YRS.				DEAD		2	2/16	19 83	A. M
ESSARY, PLEASE RAL DIRECTOR. R YOUR FILES HIND 72 HOURS HESTON STREET,	FOREIGN C	ACE (STATE O		76. CITIZEN OF WE		RY? 8.	MARRIED	☐ NEVER M	ARRIED [	9. BALTIM	ORE CITY	ORCO	UNTY OF	DEATH	
MO VOE H		HINGTO		u.s			IDOWED		ORCED 🖔	Mon	tgome	ery (	Count	У	MD.
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AL AL	14. FATHER	S NAME	1110110		THOMB	III OOII	15	MOTHER'S M		\F		TUR	AVC	mue,	TT COLT
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21138 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. REIT BE STROULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOUL EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL PROPERTY.  OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	LO	üIS		MIDDLE	RICUC	ČI	- 1	MTCH	HELINA	M	HOOLE		TETRO	DSTNA	
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ATE, DRV	27	a. I certify the	at I took charge	e of the remains des	cribed obave	, held an	Autapsy	Inspe	ection .	Inquiry	X.	and in m	y opinion		
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AEDIC CUTE SE 4 3 FUNE FIR DE	EXAM	OR PRINT)	John	S. Roger	s. M.	D.	ADI	DRESS Sil	ver Sp			gome	rv.	Md.	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,						ME OF CEMET									
	(SPECIFY)		, REMOVAL 2	0.14.6.1.5						OCATION Y OR TOWN			COUNTY		ATE
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10		١.	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H	YGIENE 8 3 0	5080
		1. DE	REGISTRAR CEASED NAME FIRST PRINT	MIDDLE	CERTIFICATE OF DEATH	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
- 3-	moy be	3. SE	Unish	no D.	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	RS 83 81450M
	4 0	10 B	emale RIMPLACE (STATE OR FOREIGN	BJACK 76. CITIZEN OF WHAT COUN	June 23 189	9 8 7 YRS.	MONTHS DAYS HOURS MIN.
	deoth. Poge	31	MD MD	U.S.A.	MARRIED   NEVER MARRIED	MONTGO.	MERY MD.
201	Softer filed with	K	OCKVILLE	Shady Gro	ve Adventist Hospit	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI	126, KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120	filled in nould be	130. 3	AL RESIDENCE (IF NURSING HOME OR ISTATE 13b. COLON	ITY / 13/7CITY OF	180. INSIDE CITY LIMITS?	13404 DAY	nestown Rd.
MARYL	completely 1 and 2 si	14. FA	THER'S NAME FIRST WILLE	MIDDENT DVS	on 15. MOTHER'S MAIDEN I	line MIDDLE ?	LAST
BALTIMORE,	Poges	16a. V	VAS DECEASED EVER IN U.S. ARA YES, NO OPUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL 214.3	6-3344 JAMES PIC	dgley (SON) HYA-	HSV. 11e MB 0782
ST.,	g physicie conpaper removal.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	ly one couse per line for (a), (b) BY: E CAUSE (a)	o), and (c),)	anest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON	the death or the ottendin remove corb emotion, or er froumotic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONS	EQUENCE OF Lamble	none.	lodays
201 W. PF	that the d by the lease remial, cremo		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF	duesse	you
	equires n signe Then p r to bur injury,	NO NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIV	EN IN PART 1/0
AI RECORDS,	N. The low re hysician. icate hos beer ransit permit. Hygiene prior	CERTIFICATION	19a date of Operation	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
OF VIT	tySiCIAN: The ding physicial is certificate buriol-transit Mental Hygie or Item 18 sha	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA'	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2)
DIVISION OF VIT	or offending place of the property of the principle of th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY	PRICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ā	Z - ~ 5 5 2		22a.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did (did not		9-7	on deoth occurred on the date and ho	19, that (I) (we) lost or and from the couses stated
	the hospite the hospite AL DIRECTO efoched for ite Dept. of it. If Hem 21		22b. SIGNATURE	Q S July	DEGREE	MEDICAL STAFF DIRECTOR   PHYSICIAN	22. DATE SIGNED 2-25-83
	TO HOSPITAL Cretoined by the TO FUNERAL B should be detoo with the State E IMPORTANT. If		22d. PHYSICIAN'S NAME (TYPE OF	R PRINI	22e. ADDRESS	scholle Pike for	La, 11e, md.
	PP	23a.	BURIAL CREMATION, REMOVAL	3-2-83	23 HAME OF CEMETERY OF CREMATOR PLEASA OF VIEW (		ing Monto Md
	DHMH = 16 50M 4/B2 (VRA 15, 4)	24.5	UNERAL DIRECTOR	wden Roo	Kuile, Md.	MAR 2 1983	goldend &

AND THE STREET STREET, A Sall Summer William Sales St.

20	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	ENE 3 3	0	5 0	8
		CEASED NAME FIRST OR PRINT) Olive	Lucille Pi	shebarpes Is date of RIRTH	^	20. DATE OF DEATH	month DA	1983 UNDER I YEAR	2b. HOUR  12:30 PN  15 UNDER 24 HRS
	J. J.L.	Female	White	Oct 13	18 90	92		NIHS DAIS	HOURS MIN.
of once	Ü	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER		9. BALTIMORE CITY O	RCOUNTYC	F DEATH	MC
by the trifled with	Si	Iver Spring	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Stone Cost (	ADDRESS)	TITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		INDUSTRY	FBUSINESSOR
shauld be	13a. S	eryland Mont		Princ YES	NO D	13. STREET ADDRESS  8 5 tonge	rest	Court	20904
ond 2	Q	vincy	MIDDLE Pore	Ros	S MAIDEN NAM FIRST	MIDDIE MIDDIE	Ho)	Por	e
s. Pages 1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR ORD LIES	-0478 DONAL		barger Si	Stones luer S	er.	Md.
affending physici tave corbonpaper Stion, ar removal. raumatic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEOU	tron	failur	e.		BETWEEN C	MATE INTERVAL INSET AND DEATH
a by the leose rem ial, crema ar ather t		couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEOL				33.6		
Then print to bur	NOI	0	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	) '
it permit. I	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	ORMED	20a AUTOPSY?  YES NO		WERE FINDIN NG CAUSES	
entiticate rial-trons ental Hyg tem 18 sh	_	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	I (OR PART 2)	
s the bur and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATI		CITY OR TO	WN	COUNTY	STATE

should be detached far use as MPORTANT: If Item 21 is man sow the deceased alive on 77E SIGNATURE 274 PHYSICIAN'S NAME TYPE OF PERT Norman Rubenstein 230 BURIAL, CREMATION, REMOVAL 23b. DATE

ATTENDING PHYSICIAN 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN 11161 New Hompshine

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

COUNTY STATE

22c. DATE SIGNED

BP. DHMH - 16 50M 1/B1

Genntsville Md.

220 I certify that (I) (this haspital) attended the deceased from

FEB

23d. LOCATION

Clive Limite Bisheringer Feb 1 1988 1234 26 6 26 61 61 403 32 403 - 3/21 - 3/2 The book Button continue - Seems Ourse President Total Transmiss of the good with from plant bushyes Park to Park Park the server of a bring the standard and server in some

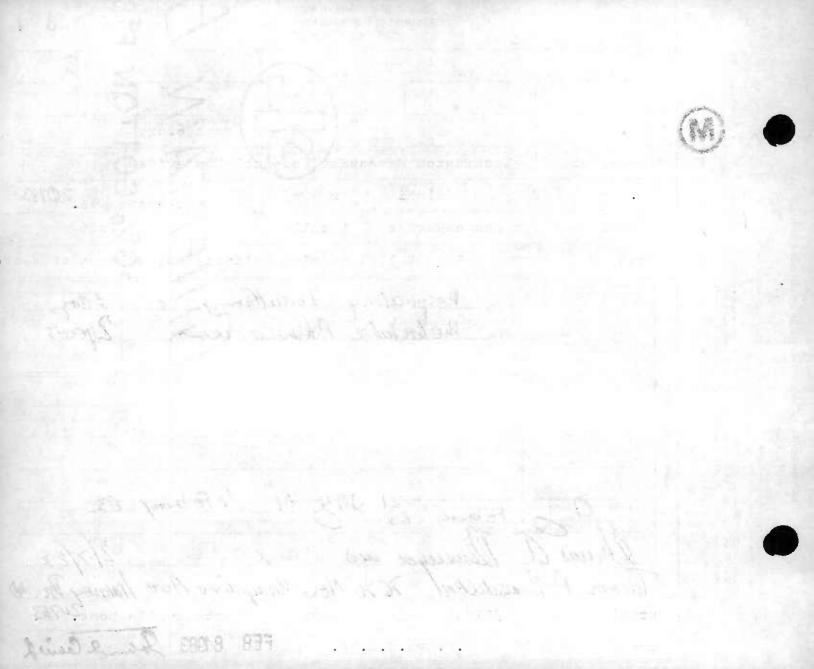
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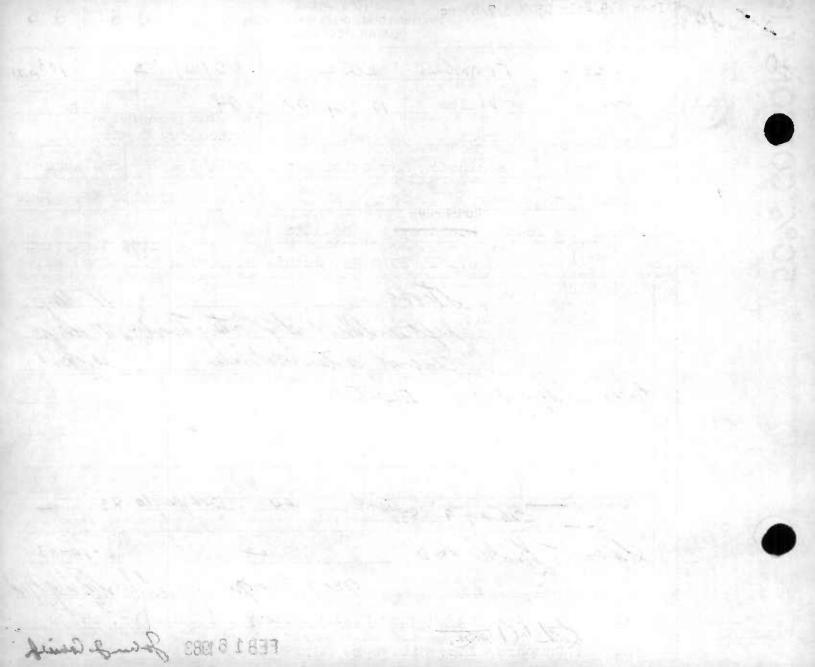
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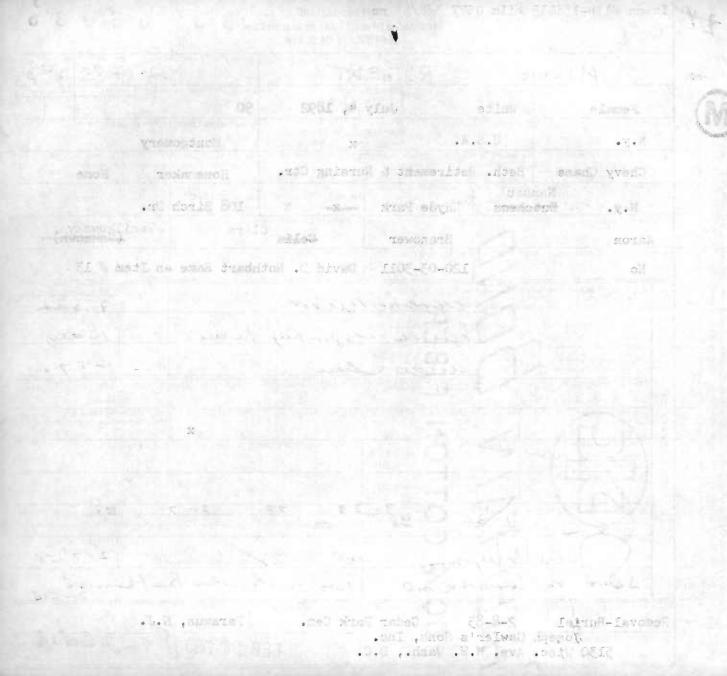
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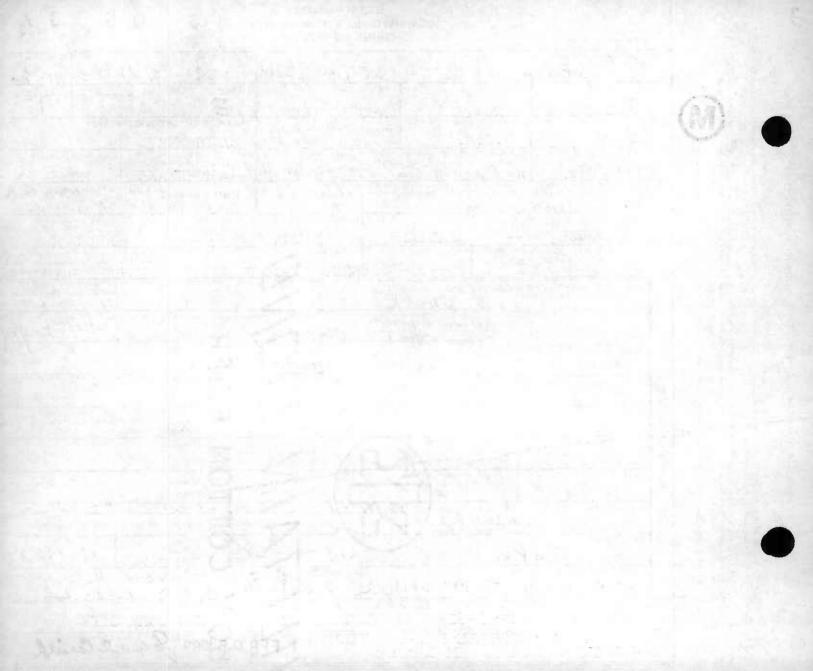


		REGISTRAR			CERTIF	ICATE OF DEATH	GIENE 👸 🐧	0 2 0	
44.0		CEASED NAME F	RST	MIDDLE	U	151	20. DATE OF DEATH MONTH		2b HOUR
decop decop	-	LELA		ANCES	R	ase	2/10/8		103AA
400	3. SE	Female	4. RACE	/hite	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
6		RTHPLACE (STATE OR FORE	GN 76. CITIZEN O	F WHAT COUNTRY	2 8.	7	9 BALTIMORE CITY OF CO.	UNTY OF DEATH	
32		dianna	Amer	ica	WIDOWE	NEVER MARRIED DE D	Montgomery	County	M
21	10 CI	ty or town of DEATH koma Park	(IF NOT IN S	LICH FACILITY GIVE STREET	T ADDRESS)	ROTHER INSTITUTION List Hosp.	120 USUAL OCCUPATION UTYPE OF WORK FOR MOST OF WORK HOUSEWITE	KING LIFE) 12b. KIND OF	F BUSINESS OF
2 2	es Uz	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTIO	ON GIVE RESIDENCE BEFOR	RE ADMISSION)		4		
35	Ма	ryland	Montgome:	F		13d. INSIDE CITY LIMITS?	8351 Coles	ville Rd	. 2091
157		THER'S NAME .nfield	Scott	Humphreys Humphre		RosaTee	AME	Dus	gan
1 10		AS DECEASED EVER IN L	J.S. ARMED FORCES?	166 SOCIAL SECT	URITY NO.	17. INFORMANT		2403 Gler	
	No	ES, NO OR UNKNOWN)	TES, GIVE WAR OR DATES	578 26	2070	Ms. Jennie	e Azhderian S	Sil. Spr.	. Md.
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dury,	N	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN CART 110	
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ene prior to bur	TIFICATION	Verenal	demphy	man	proble	the .	20a AUTOPSY? 20b.		GS USED
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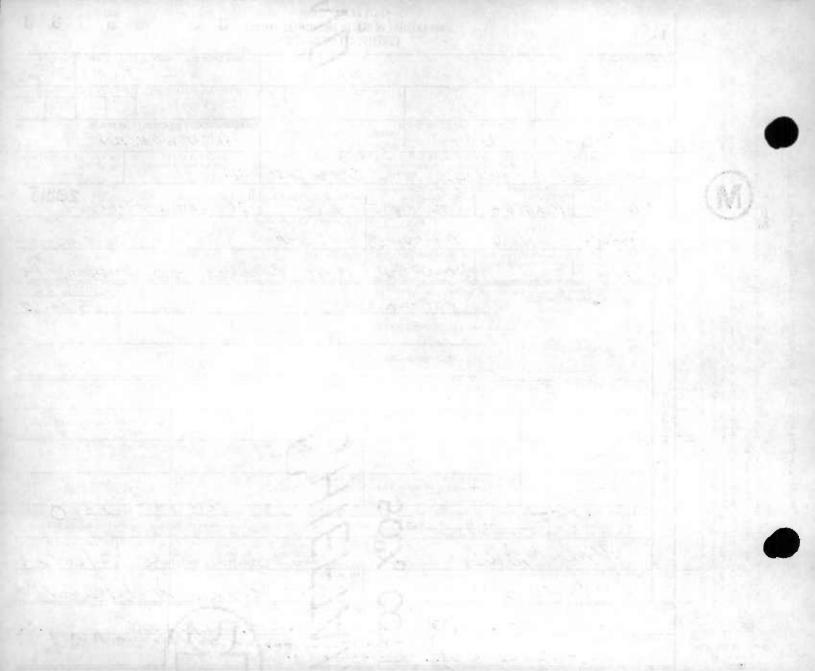
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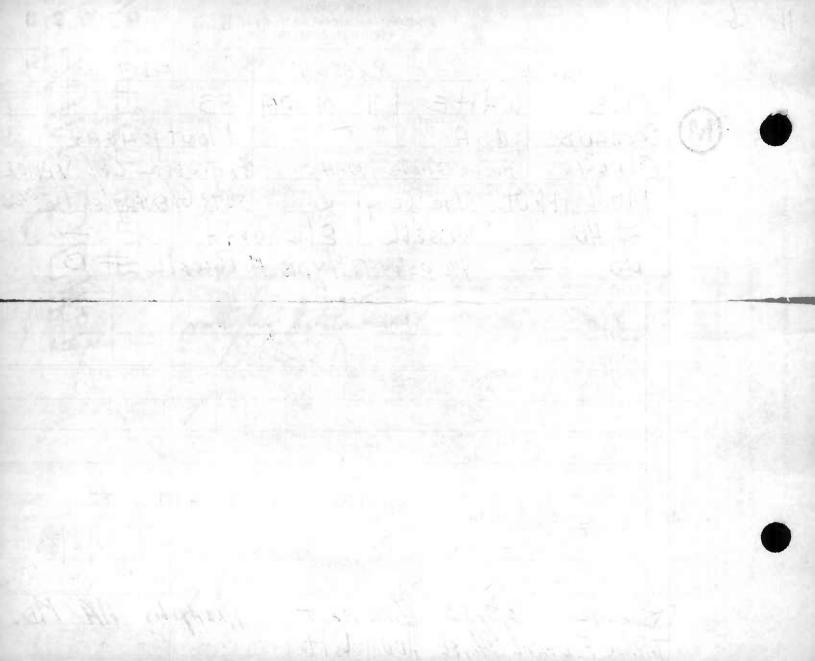
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	r, po	3. SE	X	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ector ors of		MALE	CAUS.		Janu		59 YRS.			
	d 25 4	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH	
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	E F & Y Z	23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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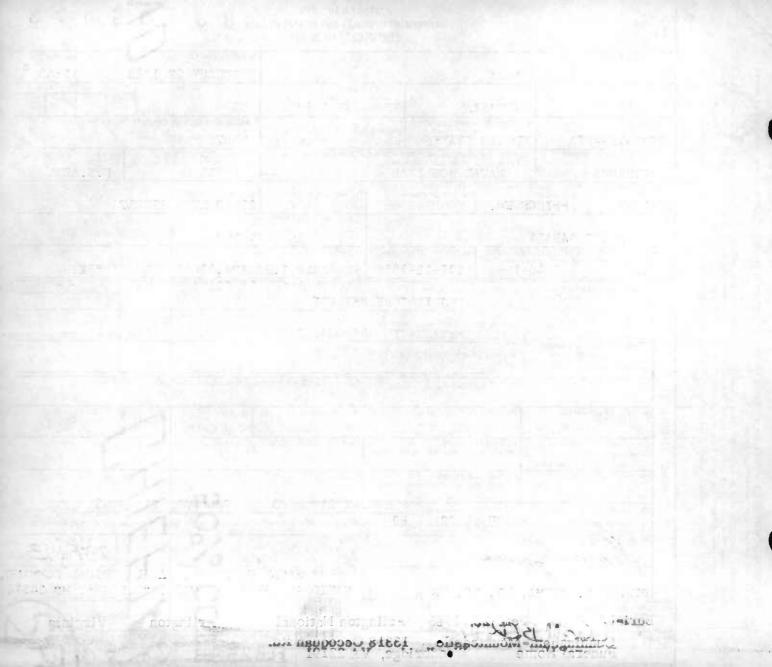
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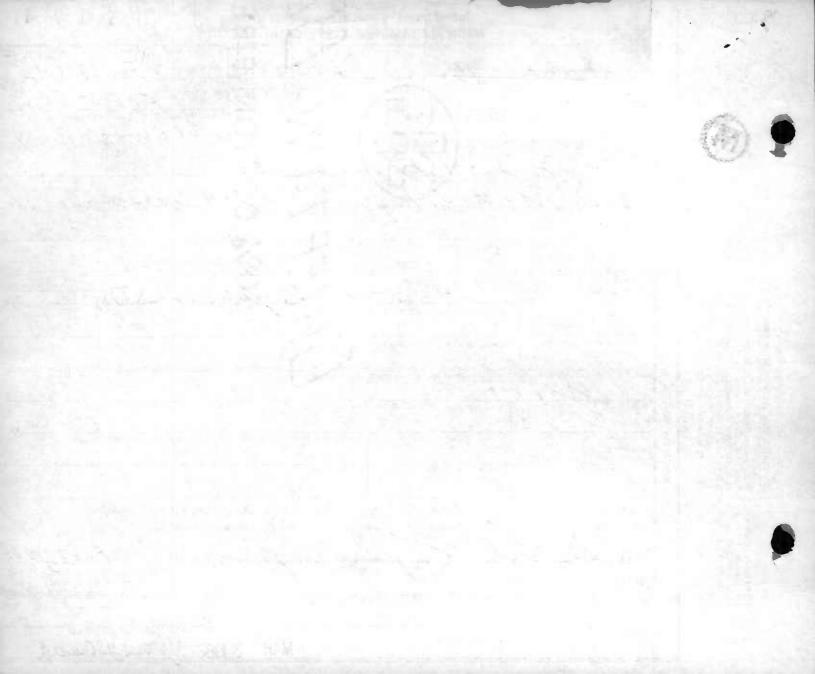


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAMHOWARD A. Schladt 20. DATE KNOWN MONTH DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. male DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED DEAD DE BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Penna. USA WIDOWEDK DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORM 1/26 KIND OF BUSINESS Real Estate Appraiser 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS ash. No □ 2829 Conn. Ave. N.W. 20008 YEX X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Anthony Schladt Catherine Howard 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Chevy Whase. Md. 20815 (YES, NO, OR UNKNOWN) 48 2477 George Schladt 3526 Raymond St. ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A CERTIFICATION MER: THIS C....
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F CORWARDED TO THE CHIEF MALE
FOR PAGE 3 SHOULD BE USED AS
FOR 20 AUTOPSY? YES 🗌 NO FX HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH (AT HOME. 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARKLAND, 21201 P WHILE AT WORK AT WORK 22s. I certify that I took charge of the remains described above, held an and in my apinian Autapsy Accident ( death resulted from Suicide Hamicide Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME John S. Rogers, M.D. ADDRESS, 23c. NAME OF CEMETERY ON ARKAN PORY 23d. LOCATION COUNTY STATE Wash. D.C. Feb. 983 Mt. Olivet Burial 24 FUNERAL DIRECTOR Taltavul 250. DATE REC'D. BY REGISTRAR 736. REGISTRAR'S SIGNATURE **DRMH - 17** MAR 3 Wisc. Ave. N.W. Wask. D.C. (VR A 15 ME (5)) 20M 4/B2

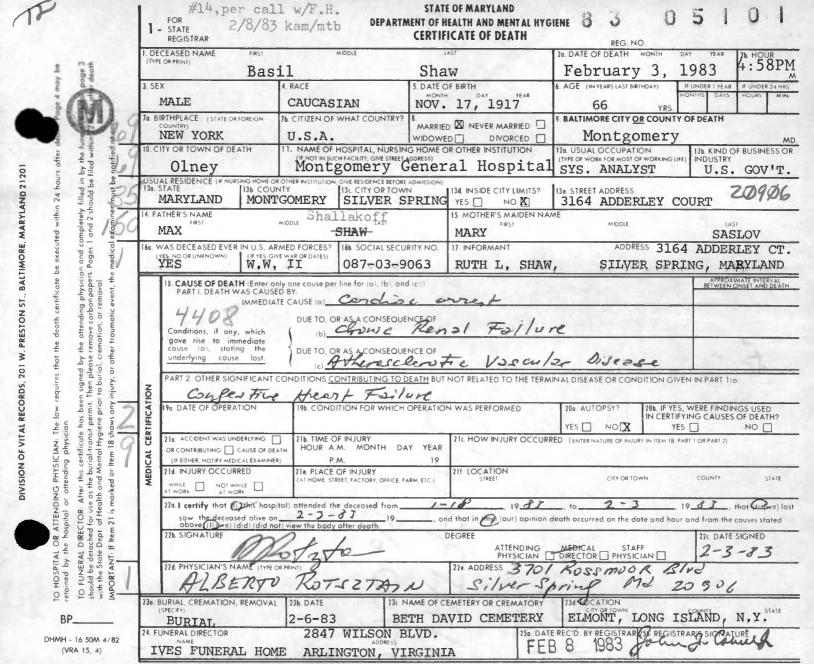
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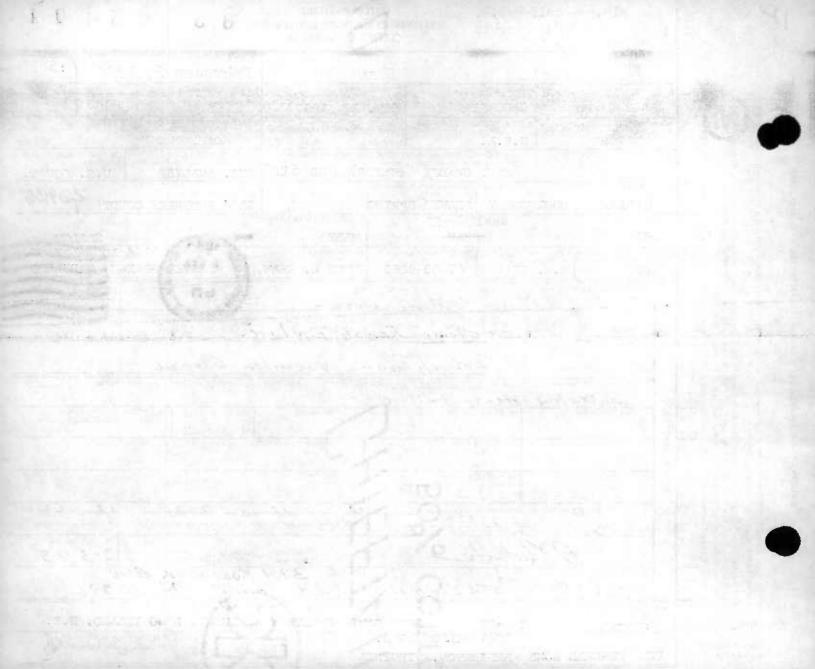
	FOR TATE REGISTRAR		D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL H CATE OF DEATH	YGIENE B	REG. NO.	5 0	9 9
m.e	1. DECEASED NAME	FIRST	MIDDLE	į.	NST .	20. DATE C	FDEATH MONTH	DAY YEAR	2b. HOUR
oy be		Johann	nnes Schuetz				Feb. 15	1983	9:45 M
mo de de	3. SEX	III EALEN	4. RACE	S. DATE C			YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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35	70. BIRTHPLACE (STA		76. CITIZEN OF WHAT COL	UNTRY? 8. MARRIEI WIDOWE	NEVER MARRIED		DRECITY OR COUNTY		CTY, MD
100	POTOMP		(IF NOT IN SUCH FACILITY, GI		POTHER INSTITUTION  Dr.	12a USUAL	OCCUPATION RK FOR MOST OF WORKIN	12b. KIND C	OF BUSINESS OR
35	MUSUAL RESIDENCE (1)	13b. COUN	.1. /7		13d. INSIDE CITY LIMITS		ADDRESS Devi	120851	Dr.
and 2 sh	14 FATHER'S NAME FIRST		MIDDLE	LAST JET2	15. MOTHER'S MAIDEN FIRST Monica		WIDDLE	Krue	
Pages 1	160 WAS DECEASED  (YES, NO OR UNKNOW)	EVER IN U.S. AR	MED FORCES? 16b. SOCI.	AL SECURITY NO.	17. INFORMANT Rudolf Sch	uetz	ADDRESS 11902 Dev Potomac.	rilwood I	rive
that the death certificate by by the attending physicia cose remove carbon papers, ol, cremation, ar removal.	18 CAUSE OF I PART I. DEA  Conditions, if gove rise to couse (o), underlying	ony, which immediate stating the	y one couse per line for (o) DBY: E CAUSE (o)  DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)	NSEQUENCE OF ERDN	ory FAIL G HOFF		DISTAS	ON	manths months
n. as been signed osemit. Then plec be prior to burial vs any injury, ar	PART 2 OTHER  OF THE PART 2 OTHER  OT	J.A.	ONDITIONS CONTRIBUTE			20a AU1	OPSY? 20b. IF	YES, WERE FINDING CAUSES	NGS USED S OF DEATH?
CIAN: The physician physic	OR CONTRIBUTION	AS UNDERLYING CONTROL CAUSE OF DEA	TH HOUR A.M. MON		21c HOW INJURY OCC	URRED (ENTERN	NO WILLIAM	YES 18 PART I OR PART 2)	но 🗌
DING PHYSICIAl or attending physicial After this certifice as the burial-trailth and Mental marked or Item 1	21d. INJURY OC		21e. PLACE OF INJURY	OFFICE FARM FTC )	211 LOCATION STREET	18	CITY OR TOWN	COUNTY	STATE
OR ATTEN  haspital  OIRECTOR:  ched for us  opt. of He  ltem 21 is	sow the obove (1)/1 22b. SIGNATUR	eceased alive an we) did (did not	tol) ottended the deceased by view the body after death	19 <b>§3</b> , or	7-7	MEDICA		hour and from the	
TO HOSPITAL ( Tretained by the Should be detained with the State IMPORTANT: If	Alan	E. Gob	er M. D.		3949 Ferrar		Wheaton,	Md. 209	06
BP	23a. BURIAL, CREMAT	ion, removal	23b. DATE 2/17/83		emetery or cremator ill Cremator	cy Ci	Suitland	COUNTY	STATE Md.
PHMH - 16 50M 4/82 (VRA 15, 4)	Joseph Ga			O Wisc. A hington.	ve. N. W.	B 2 2 1	REGISTRARIZS DEC	SISTRAR'S SIGNAL	which the

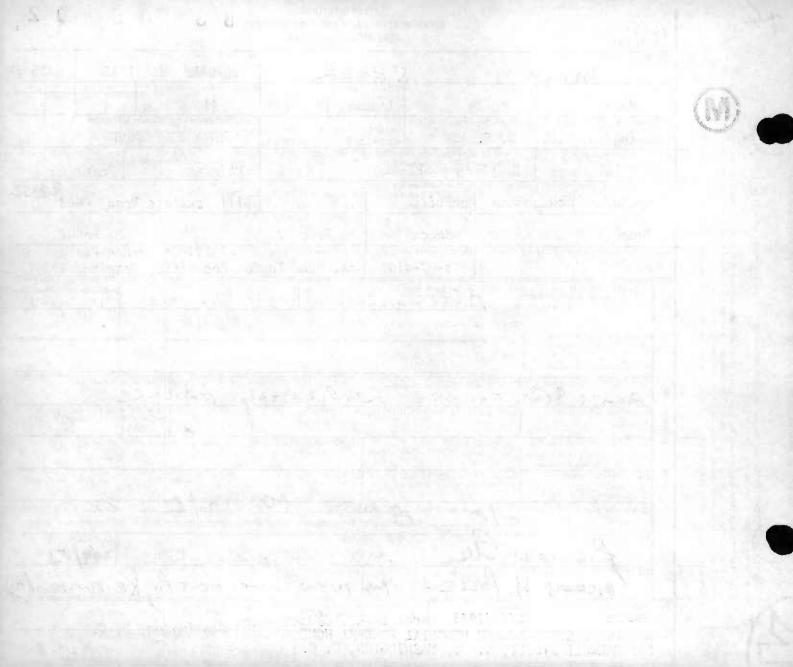
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(VRA 15, 4)

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7213 Lee Highway, Falls Church, Va. 22046

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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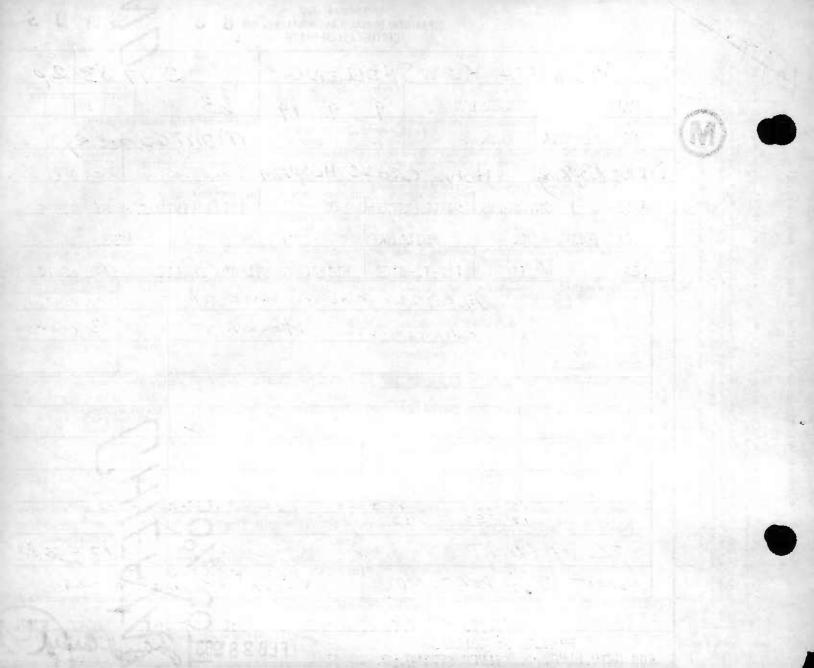
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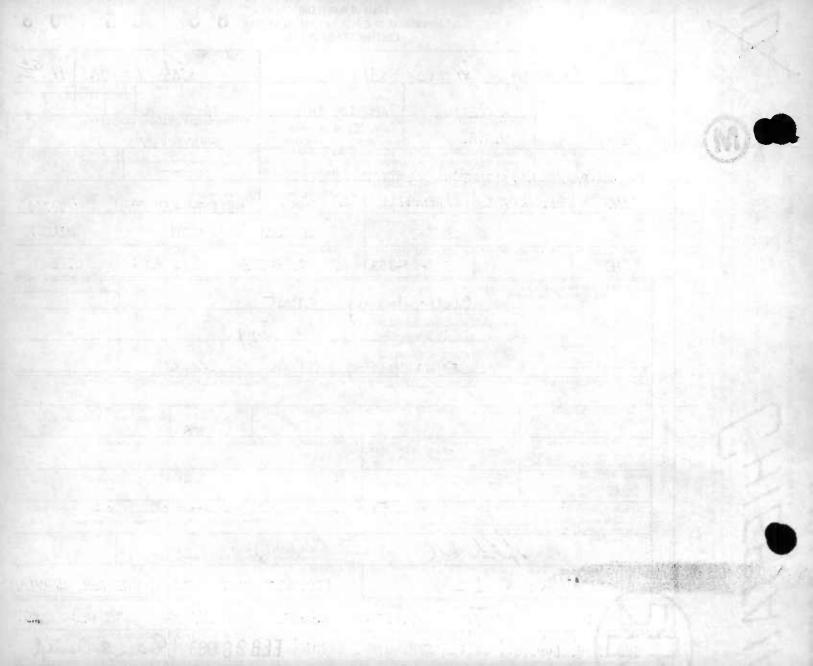
CP C U B War Market Market Jan. 27, 1851 . Daniel e cl. and eliterack could be a co  $c_1 \equiv c_2 \equiv c_3 \equiv c_4 \equiv c_4$ ក្នុង ខ្លាស់ . The contract of Market was laid, Same address of Market 

	1			STATE OF MARYLAND	all a	
8	1	FOR - STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		05104
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0.00	3. SE	X_	4 RACE	. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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	70.8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
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p e ii	USE	AL RESIDENCE (IF NURSING HOMEON	ROTHER INSTITUTION IVE RESIDENCE BEFORE AL	MISSION) 134 INSIDE CITY LIMITS?	4	79777
filled hould!	I	Conn.	Stanford	YES NO	541 Hunting Ri	dge Road
withir letely d 2 sh	14. F	ATHER'S NAME FIRST	AATODLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
pa du s		Edward	Male		Unobtainable	
ond coges		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURI	TY NO. 17 INFORMANT	ADD 10409	Naglee Road,
9 6 5			- 043-30-0	Berger M. She	epard-son- S.S.	Md. 20903
ysici aper aval.		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), and (ED BY:	cki		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph long remo			TE CAUSE (0) Lespinal	my arrest.		
eath c		4140	DUE TO, OR AS A CONSEQUEN	CE OF	1	THE RESIDENCE OF THE PARTY OF T
deo attor		Conditions, if any, which gave rise to immediate	( 16) atherocles	oschote heart of	brain disein	
the rem		couse 101, stoting the underlying couse lost	DUE TO, OR AS A CONSEQUEN	CE OF		
ed by pleas rriol, ar o			( (c)			
signe o bu	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
v rec	CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR WHICH O	DEPATION WAS DEDECTARS	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED
no bound of	윤	ING. DATE OF OPERATION	178. CONDITION FOR WHICH O	PERATION WAS PERFORMED	_ IN CEI	RTIFYING CAUSES OF DEATH?
sicron share has share s	ENT	21a, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO
ICIAN: T 3 physici 3 physici arthrate al-transi ntal Hygi em 18 sh		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	YEAR	LENSER MATORS OF INJURY IN TIEM	18 PARTION PART 2)
HYSICIA nding p nis certif burial: I Mental or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
G PH affend er thi s the k	WE	WHILE IN NOT WHILE IT	(AT HOME STREET, FACTORY OFFICE FAR		CITY OR TOWN	COUNTY STATE
OING or a olth			ital) attended the deceased from I	in 7th 10 8	3 in Feb Hin	19_83, that (1) (we) las
OR DE ST		saw the deceased alive an	Feb 6th 19	82, and that in (my) (our) opinion	. 10	,
RECT SECT OF		obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body after death.	DEGREE	and the dole one	22c. DATE SIGNED
The horache taches of the horaches of the hora			WMI MD	ATTENDING	MEDICAL STAFF	7/1/23
by the bed by	-	22d PHYSICIAN'S NAME LIVES	OR PRINT)	PHYSICIAN L	DIRECTOR PHYSICIAN	110/03
HOS FUN ORT		MARK K	II		versity Blad U	1. Wheaton MD20
OF SHAW	73n	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d. LOCATION	
A A RP	134.	(SPECIFY)	77		Washington,	DCOUNTY STATE
7941		Cremation UNERAL DIRECTOR	11000 N	e's Crematory H. Avenue 250 DAY	TE REC'D. BY REGISTRAR 256. P	
DHMH - 16 50M 1/B1 (VRA 15, 4)			eral Home Silver S	Spring, Md.	FR 8 1083 4	1. 9. Carried

A GENERAL MICH 011 -3 -6992 gerger 4. Shrumri-con- 8. . SA- 20900 Unantmucon, DC menu Crementon 1 - - 1 11600 108 Crements FEB 8083 Sens BBill the party Property and Lorentz But Phase



1	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	05106
death		CEASED NAME FIRST	liam far	nes S	line	20. DATE OF DEATH MONTH  Jeb  6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR 3
s ofter		MALE	CAUCASTAN	AUG	DAY YEAR	70 YRS	MONTHS DAYS HOURS MIN.
100/	NE	RTHPLACE (STATE OR FOREIGN COUNTRY) W JERSEY	U.S.A.	MARRIEI		9 BALTIMORE CITY OR COUN  MONTGOMERY	, MD.
notified		TAKOMA DADK	(IF NOT IN SUCH FACILITY,			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PLUMBER	126. KIND OF BUSINESS OR INDUSTRY
-	USU 130 MA	TAKOMA PARK AL RESIDENCE I IF NURS PRO MARCO STATE RYLAND PRI. ATHER'S NAME	GEORGES HYA	TPSVILLE	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6512 TRUMAN R	20AD 20783
04	14. F/	FRANK	MIDDLE	HÎNE	15. MOTHER'S MAIDEN NAM		LAST WILCOX
medico!	16a \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	N. C. L. L. C. C. C. L. L. L. C.	78-07-7530	17. INFORMANT EDNÁ R. SHI	NE SAME AS	13 WIFE
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	thersclerot		Anlase INAL DISEASE OR CONDITION C	SIVEN IN PART 1100
huo sand	CERTIFICATION	190 DATE OF OPERATION		R WHICH OPERATION		YES NOTE IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MC ER) P.M.	NTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM )	8 PART I OR PART 2)
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 2 I is m			pital) attended the deceas in IEIS 1: not) view the body after dec	5 19 <u>δ 3</u> , on oth.		death occurred on the date and h	, 19
		22b. SIGNATURE	Allen	1(		MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
MPORTAN T		22d. PHYSICIAN'S NAME (TYPE	KLI				WHEATON, MARYLAN
7		BURIAL, CREMATION, REMOVA SPECIFY BURIAL	2/23/83	FT. LING	EMETERY OR CREMATORY COLN CEMETERY	BRENTWOOD	PRT GEO SIMD.
/82	24. FI	INERAL DIRECTOR FRANC 500 UNIV.BLVI	CIS J. COLLIN D.,W., SILVER	IS COSPRING, MI	20901 FE	B 2 8 1983	ISTRAR'S SIGNATURE



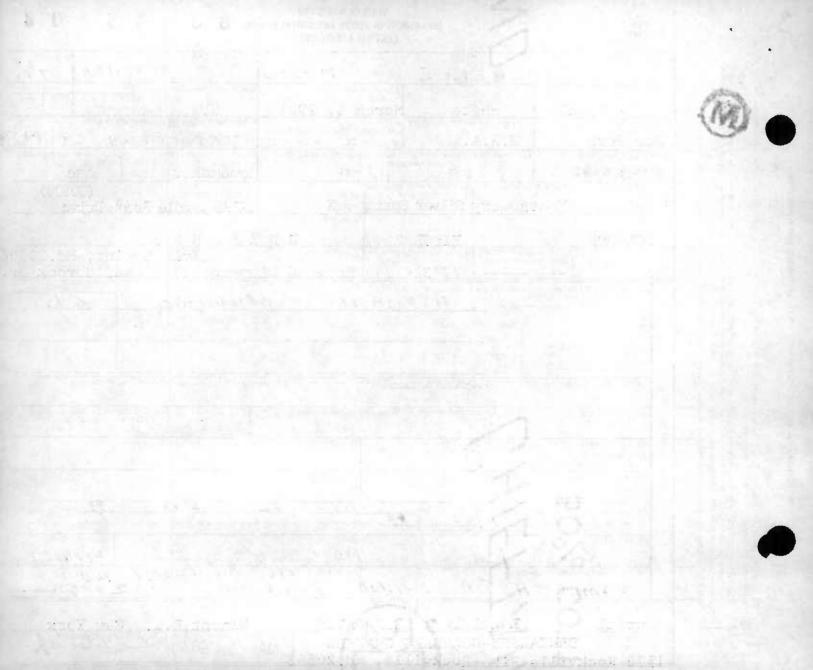
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH L. SIMMONS JR (TYPE OR PRINT) Berkeley 83 3 SEX 4. RACE IF UNDER I YEAR 6 AGE TIN YEARS LAST BIRTHDAYS Male white Oct. 10, 1916 THRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Washington, DC Montgomery 126 KIND OF BUSINESS OR ID CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) Bethesda Real Estate Broker **Employed** 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5324 Pooks Hill Rd. Maryland Montgomery Bethesda 20814 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE Berkelev Simmons Katherine Lassiter ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN 577-22-6125 Virginia T. Simmons-wife-(same ves as 13e) 18 CAUSE OF DEATH (Enter only one couse per line for 10 16) and (1) A RRHYTHMIA
PART I. DEATH WAS CAUSED BY: 111/150191910 IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE DEFENDET DISGRESSE YOBRS Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE F688498717 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 2-13-83 ATTENDING should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OF PRINT MASSACHUSCOTTAVE, NW JERRY BLUSON SNOW M. D 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE Lee's Crematory 2-14-1983 Cremation Washington, DC 24 FUNERAL DIRECTOR 11800 N.H. Ave.. 25a. DAIF REC'D. BY REGISTRAR 25b DHMH - 16 50M 1/81 6 (VRA 15, 4) Hines/Rinaldi Funeral Home S.S. Md. 20904

with the first property to thought the first t Marketer L. Theorem | Interest at | Indicate | Indicate | (act as man) with personal of states of the contract of the co was the presentation of the property of the pr i. Ave., and Ave., Ave.,

1170 Rockville Pike Rockville Md 2085

FOR

(VRA 15, 4)



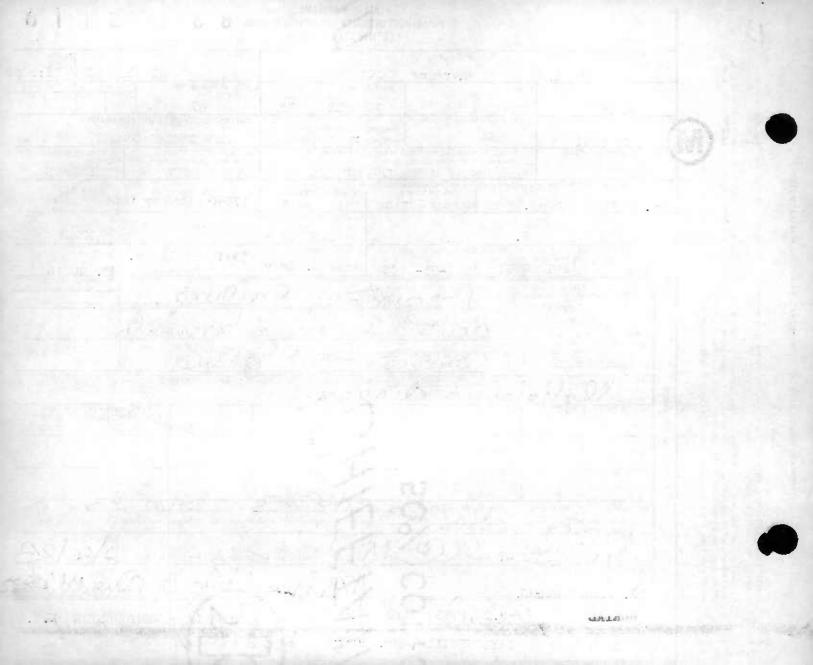
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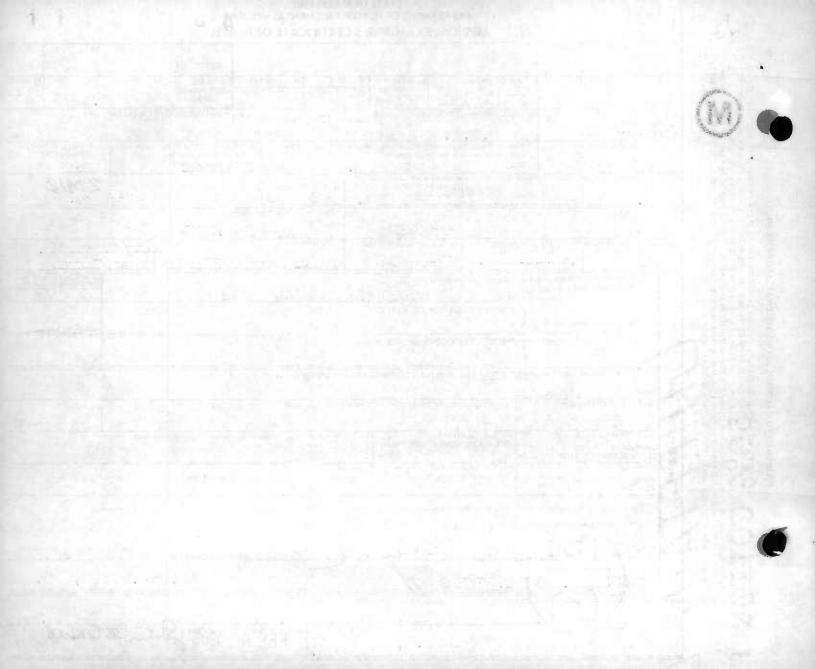
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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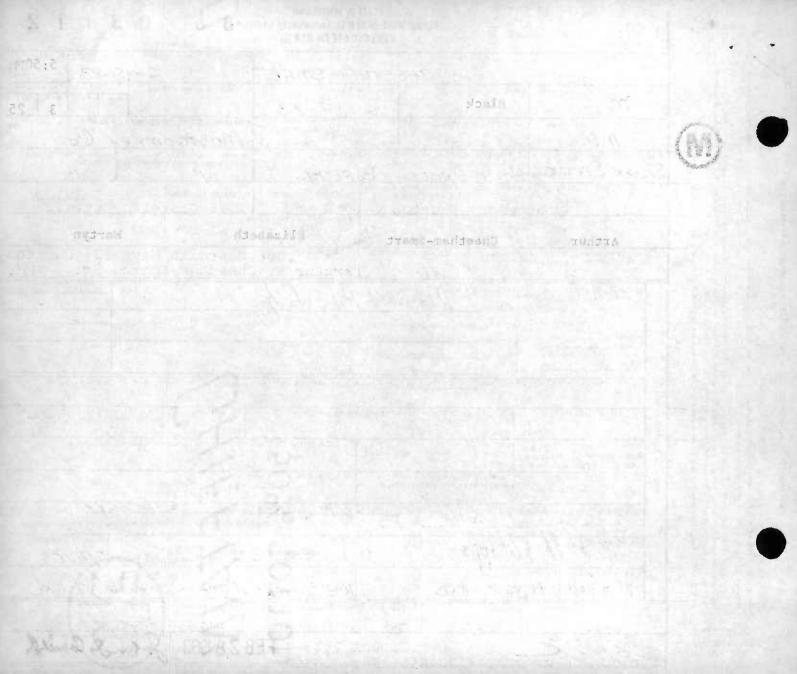


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16 3.5	SEX		4. RACE	5. DATE OF BIRTI		6. AGE (IN YEA	RS IF UND	ER 1 YR.	IF UNDER	24 HRS. 2	C. DATE		ONTH DAY	YEAR	2d. HOUR
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		NSYLVA		U.S	5.A.	- 1 - 1	WIDOWE	-	DIVORC		MONTO	OMERS	Z		MD
10.	CIT	OR TOWN	OF DEATH	11. NAME OF HO			OR OTHER	RINSTITUT	ION	12a USUA	AL OCCUPATION OF WORKING	ON (TYPE OF W	VORK 126 KIND	OF BUSI	INESS
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	L ST		IF IN NURSING HOME OF			OR TOWN		3d. INSIDE CI	TY LIMITS?	113e. STREE	T ADDRESS		20	910	
	M	D.	MONT	GOMERY		VER SI		YES 🔀	NO 🗆	140		IR MI	ILL RD		
		HER'S NAME		WIDDLE		LAST	1	5. MOTHE	R'S MAIDE	NAME	MIDDLE		LAS	ST To	
_		YER			MAK	ARROW		1986	( U	JNK	NOW			PI V	ik !
160	(YES	, NO, OR UNKNOY	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)		IAL SECURITY		7. INFORM			A	oo Chevy	y Chase	, Md	•
		NO				01-034	7B (	Clair	e Mar	wick	3221 E	rookla	wn Ter	race	
	П	18. CAUSE OF	DEATH (Enter only	y one couse per li	ne for (o), (b)	, ond (c).)							APPR BETWEE	OXIMATE IN	NTERVAL
	-	11.3		E CAUSE (o)		ACUTE		CARD	IAL	DISE	ASE				
		Condition	s, if ony, which	DUE TO, C	R AS A CON	ISEQUENCE C	OF .								
		gove rise	e to immediate	(b)								CATALL.			
		lying cous	stoting the <u>under-</u> e lost.	DUE TO, C	R AS A CON	ISEQUENCE C	)F								
	-	0.107.0.02070.010		(c)											
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5	2	190. DATE OF	NONE		NTION FOR	WHICH OPER	ATIONI MA	C DE DE ODA	4ED2						
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MEDICAL	2 1	M INTERVO	G CAUSE OF D		M. OF INJURY	19 (AT HOME,	21f. LOCA	NO.	NE						
AAE	M	WHILE	NOT WHILE AT WORK		CTORY, FARM, E		STR				CITY OR TOWN		COUNTY		STATE
	1		AT WORK  that I took charge	of the remains d	escribed abo	ve held or	Autopsy		Inspection		Inquiry X	and:-	my opinion		
		death resulte		ol couses X	Accident		cide	Homici			mined monne		ту ортпоп		
			1	1	11			TITLE (SF		Olidelei	eo monie	٠٠.			
		ACTUAL SIGNATURE _	La fores	11	111.	on	240		PUTY	MEDIC	AL EXAMINE	R D	ATE IGNED	2/1	/83
			/	- /-		P	-	_							
-	(	XAMINER'S N	T) DR. JC	OHN S. RO	GERS	1	A	DDRESS	191	9 SE	MINAR:	Y RD.	SSPG,	MD	•
230	o. BUI	RIAL, CREMAT	ION,REMOVAL 23	b. DATE	23c. N	NAME OF CEM	ETERY OR	CREMATO	RY	23d. LOC CITY OF	ATION		COUNTY	STAT	E
L		BURT		FEB 2 1	988	BETH :						OHELO	CHIMO.	MD.	
-		YERAL DIRECT	Y-GOLDB	ERG MEN	T CHP	1170		ILLE	So. DAKE	SEC,D BA E	APITAI 1983	RECTSTRA	HR STANDED THE	Eugh	
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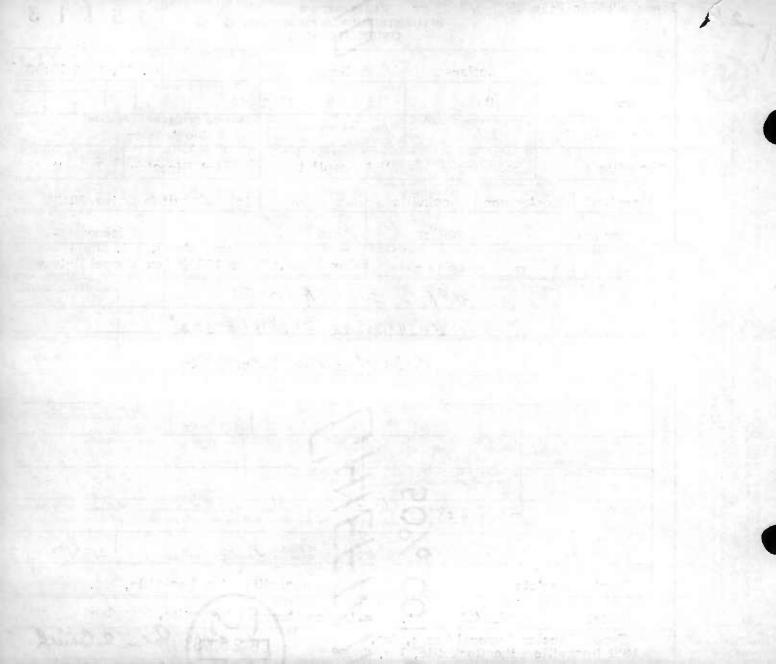


Pumphrey

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211	1-	FOR STATE REGISTRAR		DE	PARTMENT OF I	ICATE OF E		IENE 8 3	<b>0</b>	5 1	1 3
R		CEASED NAME FIR	EST	Jefferson	n i	Smiles		20. DATE OF DEATH	MONTH	23, 1983	26. HOUR 10:40
2		Male		White	5. DATE		<b>ˈÍˈ922</b>	The second second second second	YRS		IF UNDER 24 HRS
#75	(	Pennsylvania	ı	USA	MARRIE		VORCED		ntgom	ery	N
35	R	TY OR TOWN OF DEATH	S	NAME OF HOSPITAL, N HEND IN SUCH FACILITY, GIV hady Grove	Adventis	Hospi	tal	(TYPE OF WORK FOR MOST Art D	TION of working irecto	r US G	or Business O
36		AL RESIDENCE (IF NURSING H TATE 13b. Maryland 1		er institution, give residence in the control of th	e before admission) R TOWN KVILLE	13d. INSIDE C	ITY LIMITS?	130 STREET ADDRESS 1810 McAu	uliffe	Drive 2	0851
51	14. F.A	THER'S NAME Norman	MIDD	Smil	.es	15. MOTHER'S	S MAIDEN NA/	WIDDLE		Dickson	T
1		VAS DECEASED EVER IN U (ES. NO OR UNKNOWN) (IF	VES, GIVE WA	R OR DATES)	1 SECURITY NO. 4 5499	Carol		Germanto ubbs 19209			
jury, or other indumo	NC		ote the ost.	DUE TO, OR AS A CONDUCTO, OR AS A CONDUCTO, OR AS A CONDUCTOR CONTRIBUTIONS CONTRIBUTIONS	5/11/0 81	MR DIN	72 IN	ENACHON		SIVEN IN PART 10	)
we and 2	CERTIFICATION	190 DATE OF OPERATION		19b. CONDITION FOR	WHICH OPERATION	N WAS PERFO	RMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN	
them 18 sh		21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18	8 PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATIO	ON	CITYORT	OWN	COUNTY	STATE
21 is marked		22a. I certify that (I) (this saw the deceased of	hospital)	attended the deceased Fronkery 23 ew the body offer death	from 1000	nd that in (my)	(our) opinion	, to depth occurred on the d	dote and hi	, 19	that (I) (we) la couses stated
T: If hem		226. SIGNATURE	1 1	reins ten	2 /		ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN [	22c DATE 2/23	
J. J		226. PHYSICIAN'S NAME Mark Wei			0	22e ADDRES 11125		lle Pike Ro	ckvill	le, Md.	42.71
ξ	23e E	urial, cremation, rem Specifi Burial	OVAL 2	2/26/83	St. Ma	ey's Ce		ROCKVII	lle, M	aryland	STATE
A 4/82		NERATTRECION Wh	eeler	Funeral Ho	me, Inc.	20852	FE PE	B 2 5 1983	RIGHT	STRAR'S IG CT	helf



- 9	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	05114
	ECEASED NAME FIRST PE OR PRINT) GERTRU	MIDDLE	Smith	20. DATE OF DEATH	AONTH DAY YEAR 26 HOURS
3. Si		RACE Black	12 DATE OF BIRTH 12 1914	6. AGE (IN YEARS LAST BIRT	THDAY)  IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI YRS.
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 1 1 2	R COUNTY OF DEATH
20 P	bethesda.	IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	120. USUAL OCCUPATE	
130:	JAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	7080 Cradie	erock Rd 21045
14. F	Evans	widdle Waison	15. MOTHER'S MAIDEN NA Elizabeth	WE XXXXX	Frýě
	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 219-80-0		ithwaison,10	0358 Windstream Dr
8 shows any injury, or other traumatic	Conditions, if ony, which gove rise to immediate cause (a), stofing the underlying cause last.  PART 2 OTHER SIGNIFICANT COMMITTED	no-Vascula	DEATH BUT NO RELATED TO THE TERM  OPERATION WAS PERFORMED	200 AUTOPSY?	20b. 1F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
-/ 4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	i i i	AY YEAR	RED (ENTER NATURE OF INJUR	YES NO NO RY IN ITEM 18. PART 1 OR PART 2)
Merked or frem	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR TO	WN COUNTY STATE
If them 21 is mo	22e.1 certify that (1) (this haspi saw the deceased alive on native (1) well did (did no 22b. SIGNATURE	tol) attended the deceased from	2 4 . 19 53 3 and that in (my) (our) opinion DEGREE ATTENDING	death occurred on the do	that (I) (we) I to and hour and from the causes stated 22c. DATE SIGNED
MPORTANT	THE PHYSICIAN & NAME ITTES	BAHAR	PHYSICIAN S	Servin A	
23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY estlawn		City, Howard, Md STATE
	FUNERAL DIRECTOR arry H Witzke 4	112 Columbia ™Rd,	Ellicott City ARA	FREC'D BY REGISTING	24 REGISTOAR SONATUR

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M. Inswellings 1			3-62-	Durin

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dietablined by the haspital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician.
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STATE OF MARYLAND FOR 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH	1	REG. N	0.			
1. DECEASED NAME (TYPE OR PRINT)	ROBER	r hei	RMA N		MT TH	20	DATE OF DEATH		4, 83	26 HO	UR A M
3. SEX MALE		4. RACE WHI	re	Sep		40	AGE (IN YEARS LAST BIE		ONIHS DAYS	HOURS	R 24 HRS MIN.
New Jerse	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIE	D 1	BALTIMORE CITY OF MONTGOM	_	OF DEATH		MD
TAKOMA P		IF NOT IN SU	CH FACILITY GIVE STREET	ADDRES\$1	OR OTHER INSTITUTION THOSPITAL	(1	usual occupat		Board Educa		ESS OR
USUAL RESIDENCE (# 130. STATE Maryland	IN COU	NTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW College	N	13d INSIDE CITY LIM	NITS? 13	4604 APRES	ard Ro	ad, 12	0740	
14 FATHER'S NAME Robert	t H	middle erman	Smit	h	15 MOTHER'S MAID  ERST  Eliza		WIDDLE		Browne	ST	
160 WAS DECEASED E		MED FORCES?	703 07 3		17 INFORMANT Lucile L.	Smit	h Same	as #13	(Wife	)	
PART 2 OTHER	immediate stating the ause lost	CONDITIONS CO	•	ENCE OF	1	Awy	DISEASE OR CON	DITION GIVE			
190. DATE OF C	*	178. COND	MINON FOR WHICH	✓ ×	IN WAS PERFORMED		YES NO	IN CERTIFY YES	WERE FINDS	OF DEA	TH?
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY) OCC  WHILE AT WORK  220.1 certify the sow the decobore, (1) (w.) 226. SIGNATURE  226. PHYSICIAN'  FAYAZ	CAUSE OF DE. MEDICAL EXAMINER  CURRED  DI WHITE  1. WORK  1. WORK  1. WORK  S NAME (TYPE C	21e PLACE (AT HOME ST	M. MONTH DAM.  OF INJURY REE1, FACTORY, OFFICE, F	I 9 ARM ETC )	211. LOCATION STREET  19 nd that in (my) (our) of PHYSIC  22e ADDRESS  PRINCE	PING / I	MEDICAL STA DIRECTOR   PHYSIC OF COYOL'O	ote ond hour	COUNTY	that (I) (	toted
230 BURIAL CREMATIC		2/14/	83 Ft	in	coln Crema	tory	23d. LOCATION  RY enrivo	od P.	DUNTY	Md.	STATE

25 GEGISTRAR'S GONGLUDE

FEB 1 7 1983

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

Prancis Gasch's Sons Soneral Home, P.A.

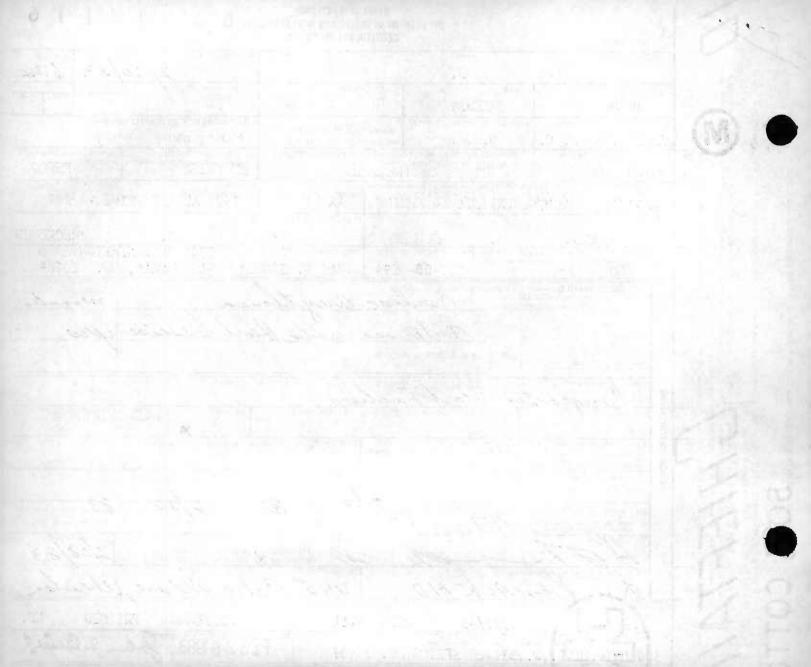
Hyattsville, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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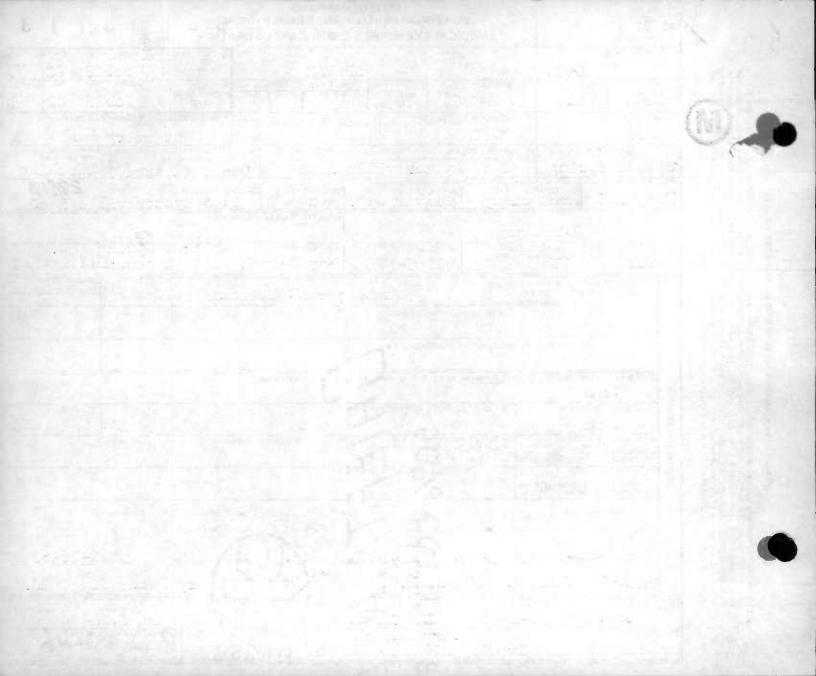


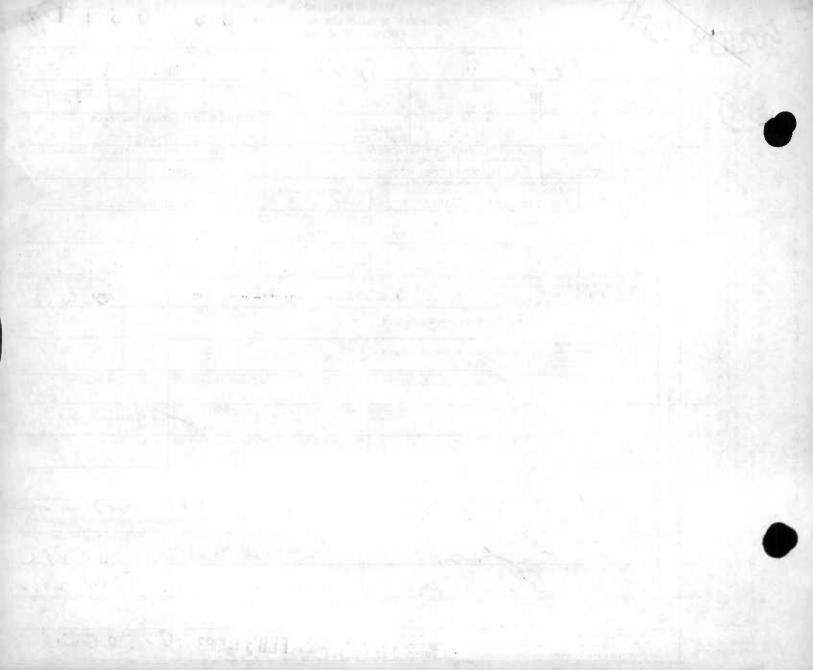
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

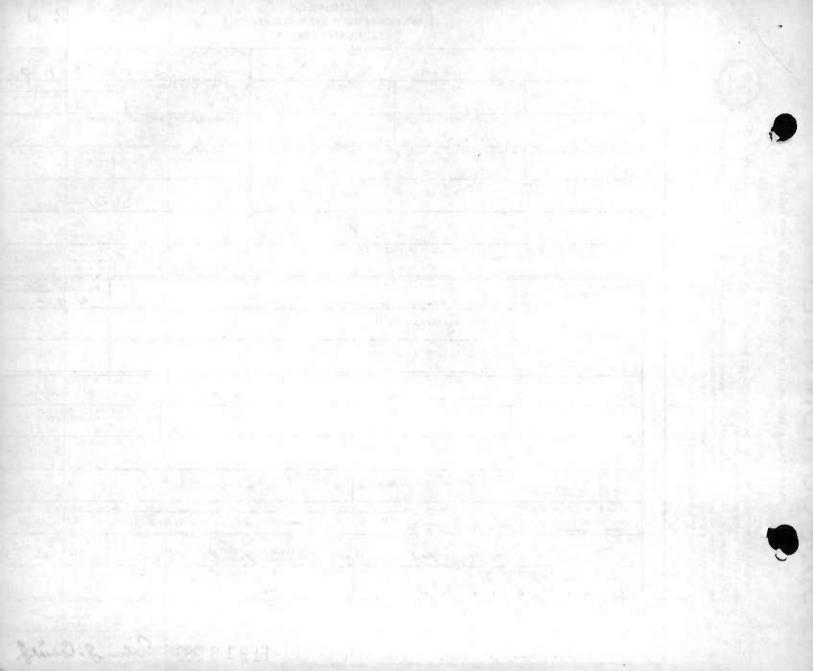
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE KNOWN X MONTH 20. DATE [TYPE OR PRINT] OF ESTI-DEATH MATED LEON SPIVAK Feb25 83 19 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 80 yps PRONOUNCED Male White 10-21-1902 19 83 Feb25 O BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Russia USA Montgomery DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Silver Spring Lyttonsville Road Owner (Retired Clothing JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery Silver Spg. 2445 Lyttonsville Road YES X NO 🗌 OF WEAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME (unknown) (unknown) Silver Spring, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT YES NO. OR UNKNOWN) 063-05-3426 May Spivak; 2445 Lyttonsville Road CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease JMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF None 3 SHOULD BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING GR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 1 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion deoth resulted from Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) Dep. 2-26-83 SIGNATURE JOHN S. ROGERS, M.D. EXAMPLES NAME Seminary Road; SSpg, Md. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 2-28-83 Cremation Lee Crematory Washington, D.C. 24. FUNERAL DIRECTOR Rockville, Md. 25g. DATE REC'D. BY REGISTRAR **DHMH - 17** Danzansky-Goldberg Chapels; 1170 Rockville Pike (VR A15 ME (5)) 15M 7/77

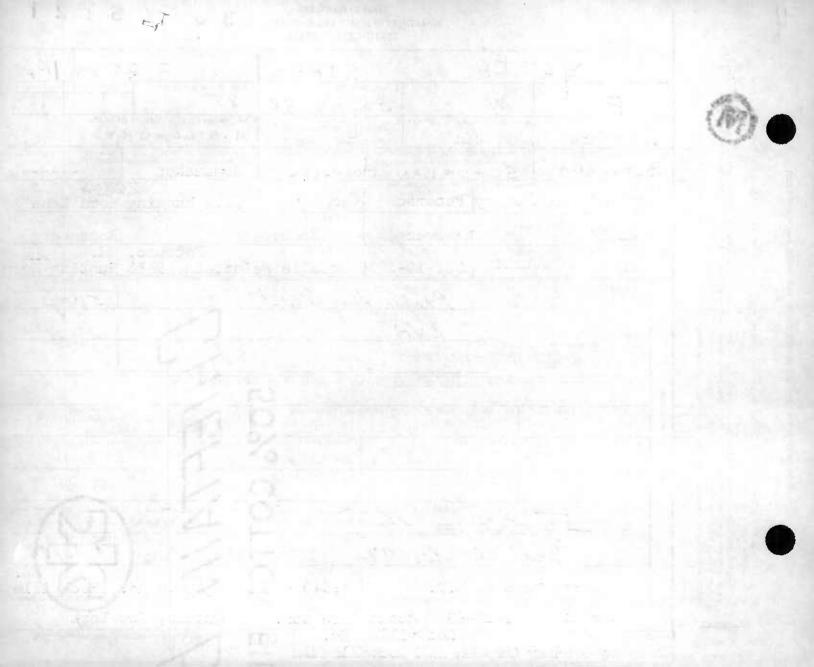




7	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	5 1 4 9
ANI		CEASED NAME FIRST OR PRINT] Linda	MIDDLE II	S	SPOFFORD pofford	20. DATE OF DEATH MONTH	12 83 1 30 M
M	3. SE	x female	4. RACE CAUCASTAN	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 70	IF UNDER 1 YEAR IF UNDER 2 HRS MONTHS DAYS HOURS MIN. RS.
of once.	1 9	RTHPLACE ISTATE OR FOREIGN OUNTER YORK	U.S.A.	MARRIE		9. BALTIMORE CITY OR COU  MONT COME!	
201 urs after t by the fi filed with		ROCKVILLE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE POTOMAC VAL	STREET ADDRESS	ING CENTER	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
LAND 2120' hin 24 hours ly filled in by should be fill	130.		ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF STLVE	NWOT	13d. INSIDE CITY LIMITS? YES Y NO 🗌	13e. STREET ADDRESS	LEY COURT 20906
MARY ted with	2	CHARLES.		USTON	IS. MOTHER'S MAIDEN NA FIRST	MIDDLE	PRETERER
TIMORE be exect on and s. Pages		VAS DECEASED EVER IN U.S. AI (IF YES, GN	/E WAR OR DATES]	SECURITY NO. 8-34-585			
ST., ertification g phoon premo			nly one couse per line for (a), ( ED BY. ITE CAUSE (o) October	bs, and (cs.)	our breast	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON: he death ce emove carb motion, or r		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF			
301 W. Pres that the by the please renuial, crem		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS				
	NOL	Brain, bone	+ liver met	teris	. Degunado	MINAL DISEASE OR CONDITION	hips, @ shoulde
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir ottending physicion.  frer this certificate hos been sign as the burial-transit permit. Then th and Mental Hygiene prior to b  orked or Item 18 shows any injury	CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATIO		20a. AUTOPSY? 20b. IF IN CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
ON OF VITA IYSICIAN: T ding physici sis certificate burial-transi Mental Hygi	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	211 LOCATION	RED (ENTER NATURE OF INJURY IN HEM	I SB, PART I OR PART 2]
DIVISIO DING PHY or ottendii After this e os the bu	MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C		STREET	CITY OR TOWN	COUNTY STATE
OR ATTEND OR ATTEND DIRECTOR: , oched for use Dept. of Hen			1 6 0	.19 <u>.83</u> , or	d that in (my) (aux) opinion		19 83 , that (1) (we) last have and from the causes stated
Table to the state of the state		226. SCHATURE S.	Dilla M			MEDICAL STAFF DIRECTOR   PHYSICIAN	14 Feb 83
TO HOSPITAL TO FUNERAL should be deat with the Store		Donald E.	Dillon mil		Olne	Pr. Philip Or	
		BURIAL, CREMATION, REMOVAL SPECIFY CREMATION	2/17/83		EMETERY OR CREMATORY LITAN CREMATO		VIRGINIA STATE
DHMH-16 60M 1/73 (VR A 15 (4))	24. F	UNERAL DIRECTOR FRANC	TS J. COLLINS D W STIVER	SPRING M	D 20901 E	E REC'D. BY REGISTRAR 256. RE	SISTRAR'S SIGNATURE



Y	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	0 :	5   2	2
death death		CEASED NAME FIR	ETTA	MIDDLE	Is. Date o	STARK	20. DATE OF DEATH	AONTH DAY	5 83	HOUR 10 P M UNDER 24 HRS
6		F	W		Ø 2	DAY YEAR	85	YRS	NTHS DAYS HO	DURS MIN.
W 109		RTHPLACE (STATE OR FOREIC COUNTRY)  New York	Ū	JSA	WIDOWE		MONTGO	MER		MD.
offer her by the b	E	BETHESDA	50B	CH FACILITY, GIVES	AN H	OSPITAL	120 USUAL OCCUPATION OF COMMON TO THE COMMON	F WORKING LIFE)	12b. KIND OF BI	JSINESS OR
filled in nould be	Ma Ma	at residence (if Nursing H aryland Mo	one or other institution county ontgomery	Poto	TOWN MAC	13d. Inside City Limits? Yes 📉 NO 🗌	13e. STREET ADDRESS 9113 Hu	29 nting	854 Horn I	Lane
completely 1 and 2 sh	14. F	David	WIDDLE	Handw	erger	15. MOTHER'S MAIDEN NA Esther	WE		Rosent	
n ond Poges		VAS DECEASED EVER IN U YES, NOOR UNKNOWN) (18'	.S. ARMED FORCES? YES, GIVE WAR OR DATES)		SECURITY NO. 10-880	Natalie W	Pot einstein;			
juires that the death certificate Esigned by the ottending physicionen please remove carbon papers obvirol, cremotion, ar removaliury, or other troumotic event, the	Z.	Conditions, if ony, whis gove rise to immedia cause (o), stating to underlying couse to	DUE TO, CO  DUE TO, CO  Cich  Che  Che  Che  Che  Che  Che  Che  C	OR AS A CONS	EQUENCE OF	bry Orrest		DITION GIVEN	APPROXIMATI BETWEEN ONSI	LS S
The low recicion.  In the hos been nest permit. Il spiene prior is shows ony in	CERTIFICATION	19a, DATE OF OPERATION	196 COND	ITION FOR WI	HICH OPERATION	N WAS PERFORMED	20e AUTOPSY?		VERE FINDINGS	
SICIAN of physical certifical cer	MEDICAL CER	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A	.m. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
DING PHY: or ottendir After this e as the bu blith and M marked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Spirol Sp		22a. I certify that (I) (this sow the deceased of above, (I) (was 1990) ( 22b. SIGNATURE	20 20		19 <u>23</u> , or	nd that in (my) (aur) apinion	death occurred on the d	2, 19 ote and hour a		
ITAL OR A by the hosy the hosy detached detached total life in the Italian NI; If them		C	red a	rende	y. Mr	ATTENDING PHYSICIAN [	MEDICAL STA		2/26	183
TO HOSPITAL retoined by the TO FUNERAL should be detained to the Stote IMPORTANT:			Bender,				Georgeto	vn Rd.	, Rock	Md.
βP	23a.	BURIAL, CREMATION, REM (SPECIFY) Burial	23b. DATE 2-27	-83	Monte	Eiore Cem.	23d. LOCATION Queen			STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	1	uneral director nzansky-Goldl	berg Chape	Roc ls; 117	kville 70 Rockv	ille Pike	ABECS BY R1983AR	THE SHARES	R Shighlateles	ugh



PRESTON ST

201 W.

DIVISION OF VITAL RECORDS,

		FOR STATE REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIF	ICATE OF DEATH	REG. NO	D. SA 25 HOLD
		JOSEPH JOSEPH	EDWARD S	TEINBUCK	L	FEB. 13,1	1983
	3. SE	Male	4. RACE White	5. DATE (		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS A YRS.
93		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	COUNTY OF DEATH
30		evy Chase	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 4608 Haz	NURSING HOME	OR OTHER INSTITUTION		ONOTTICET KIND OF BUSINESS
35	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY OF THE STATE	NTY 13c. CITY O		13d INSIDE CITY LIMITS? YES NO [	13e. STREET ADDRESS 4608 Harr	ison St. 2081
150	14 FA	THER'S NAME FIRST <b>John</b>		nbu <b>ckl</b>	15. MOTHER'S MAIDEN NA FIRST LOUISA	MIDDLE	Pils
medicol	16a V	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIA None	L SECURITY NO.	Rose Steinb	ADDRES	
permit: I nen please remove corp ine prior ta buriol, cremotian, or ws ony injury, or other froumotic	CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CON (c) (c) (c) (c) (c) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	NG TO DEATH BUT		20a AUTOPSY?	20b. 1F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
18 shaws		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES NO NO YINITEM 18 PART 1 OR PART 2)
E 7	13		21e. PLACE OF INJURY				
and Mental	MEDICAL	21d. INJURY OCCURRED	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC }	21f. LOCATION STREET	CITY OR TOV	WN COUNTY STA
Mental Aental	MEDICA	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AL WORK  22a.1 certify that (1) (this hasp)	(at HOME, STREET, FACTORY, stall) attended the deceased of the view the body office death of the property of t	from NOV.	STREET  2.3  19.82  nd that in (my) (our) opinion  DEGREE  ATTENDING	death occurred on the do	org 19 \$3, that (1) (with the one hour and from the causes state on the causes state of the causes state of the causes state of the causes state of the causes of the caus

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estin Tolen, ...

2250 ens. eve., M.H. man., D.C.

enril/ a mayol 2/10/1903 t. athony's er. Justium Enterio, Cumpa. Joseph Swler's sons Inc.

Hines/Rinaldi Funeral Home S.S. Md.

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

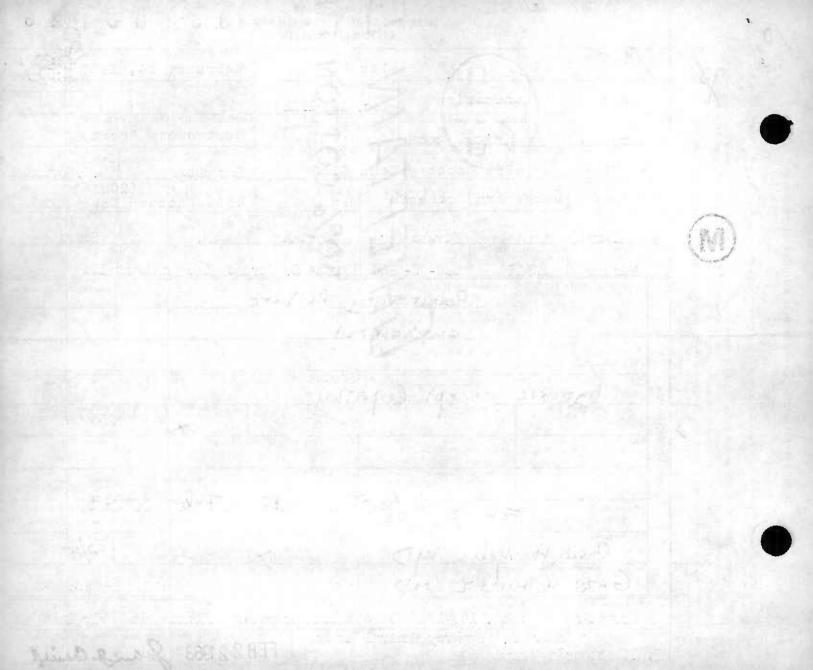
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y ~ €	(TYPE	REGISTRAR  LEASED NAME FIRST OR PRINT)  FOUL	ER Willia		AST TEL (O. J. S.	REG. NO 20. DATE OF DEATH	O.  MONTH DAY	20.11	OUR 30PM
W se 4 may a	3. SE)		4 RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY) IF MOP		DER 24 HRS
death. Page	,	RTHPLACE (STATE OR FOREIGN OUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY  USA	WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O			MI
by the fifted with	I	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	Advent	// 1/1	120. USUAL OCCUPATH (TYPE OF WORK FOR MOST O		126. KIND OF BUS INDUSTRY builder	INESS OR
in 24 had by filled in should be er alust b	130. S M	TATE NI COUI	ROTHER INSTITUTION, GIVE RESIDENCE BEFI NTY 13c. CITY OR TO ntgomery Rockvi	WN	13d. INSIDE CITY LIMITS? YES \( \bigcirc \) NO \( \bigcirc \)	13e. STREET ADDRESS 228 Gre	at Fall	s Road	2085
complete	1	William  (AS DECEASED EVER IN U.S. AR	MIDDLE LAST Steve		Sarah I	MIDDLE	ce	Bonds	
n and co			VE WAR OR DATES)	7 3190	Cordelia St		as 13	e	
the death certificate the attending physici remove carban papei ematian, ar remaval. er traumatic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQ	ouence of	mon haze			APPROXIMATE IN BETWEEN ONSET A	
attending ave carbo atian, arr	CATION	PART I. DEATH WAS CAUSE  HIMMEDIA  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	ED BY: TE CAUSE (a) Cerch	OUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES, V	1 da	SED
an. has been signed by the attending r permit. Then please remave carbs ene prior to burial, cremation, arr. aws any injury, or ather traumatic.	ERTIFICATION	PART I. DEATH WAS CAUSE  4310  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, OR AS A CONSECTION OF	OUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [	I da	SED EATH?
hysician. icate has been signed by the attending according permit. Then please remove carbo Hygiene prior to buriol, cremation, or r. 18 shaws any injury, or ather traumatic.	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE  HAS IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  PART 2 OTHER SIGNIFICANT  110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTHY MEDICAL EXAMINE  21d. INJURY OCCURRED	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH	DUENCE OF DUENCE OF DO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [ RY IN ITEM 18 PART	I da	SED EATH?
Individual of the State of the control of the contr	0	PART I. DEATH WAS CAUSE    MMEDIA	DUE TO, OR AS A CONSEQUENCE TO TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONDITIONS AMOUNTS ATT HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIce to the condition) attended the deceased from the condition of the condition) attended the deceased from the condition of the condition o	DUENCE OF  DUENCE OF  DO DEATH BUT  CH OPERATIO  DAY YEAR  19  E.EARM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18 PART	VERE FINDINGS UNG CAUSES OF DE NO 1 OR PART 2)	SED ATH?
OR ATTENDING PHYSICIAN: The law requires that the death ce baspital ar attending physician.  ORECTOR, After this certificate has been signed by the attending ched far use as the burial-transit permit. Then plasse remove carboper, at Health and Mental Hygiene print to burial, cremation, arrivem 21 is marked at Item 18 shaws any injury, at ather traumatic.	0	PART I. DEATH WAS CAUSE  IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (I) this hasp sow the deceased alive or obave, (I) (we) (did) Gid no  22b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE TO TO THE CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTIONS CO	DUENCE OF  DUENCE OF  DO DEATH BUT  CH OPERATIO  DAY YEAR  19  E. EARM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21f. LOCATION STREET  19  24  Add that in (my) (aur) apinion.  DEGREE  ATTENDING PHYSICIAN P	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  19	VERE FINDINGS UNG CAUSES OF DE NO 1 OR PART 2)	SED ATH?  STATE  (we) lost stated
In A LENDING FILTSCAN: The Law requires must me beam ce haspital or antending physician.  IRECTOR, After this certificate has been signed by the attending hed far use as the burial-transit permit. Then please remave carbo ept. of Health and Mental Hygiene prior to burial, cremation, arrivem 21 is marked at them 18 shaws any injury, at ather traumatic.	MEDICAL	PART I. DEATH WAS CAUSE  IMMEDIA  3 0  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  1 WORK  220. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE C  22d. PHYSICIAN'S NAME (TYPE C	DUE TO, OR AS A CONSECT (b)  DUE TO, OR AS A CONSECT (c)  DUE TO, OR AS A CONSECT (c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH (C)  ATH HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  TO DI view the body after death.	DUENCE OF  DUENCE OF  DO DEATH BUT  CH OPERATIO  DAY YEAR  19  E. EARM. ETC.)  A. B. C. C. M.	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21f. LOCATION  STREET  19  3  d that in (my) (aur) apinian.  DEGREE	200 AUTOPSY?  YES NO ENTER NATURE OF INJUR  CITY OR TO:  , to EAS 22  death accurred an the do  MEDICAL STAF	20b. IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  19  19  The and haur a	VERE FINDINGS US  VERE FINDINGS US  NO  1 OR PART 2)  COUNTY  83 tho (1)  nd from the causes  22c. DATE SIGNE  2/2//  Ad 20 90	SED ATH?  STATE  (we) lost stated

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m= /		CEASED NAME FIRST	WIDDLE		LAST	28 DATE OF DEATH MONTH		25 HOUSP M.
page bage		Alber		Sti	ube	February 1	4, 1983	2:30 Am
9.4	3. SE	Male	4 RACE	MONT	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
-rectar			Caucasian	Dec	. 25, 1911		YRS.	
n 72 ho	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	United State:	MARRIE	NEVER MARRIED DIVORCED	Montgomery		MD
with with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
P (2)		ethesda	4998 Battery	Lane	#310	Carpenter		Governmen
ould be	Ma	al RESIDENCE (IF NURSING HOME O STATE ryland Nont	or other institution give residence before INTY 13 City or to Bethes		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4998 Batte	(20814)	
1	14 F/	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME		
AAA	4	Albert	Strube		Bertha	M.	Sea	re
TAIL		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDRESS	, Jean	
0 d all	100		I II 220-05	-6984	Martha B. St	rube Wife sam	ne as 13e	
hysicio papers oval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	only one cause per line for (a), (b), a	and (c). (			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
bon c eve			ATE CAUSE (0) MESPIT	alor	y tailur	6		
e car on, o		1120	DUE TO, OR AS A CONSEQU	UENCE OF	W W			
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se re crer		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO	UENCE OF			- 128-61	
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bee mut.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC				IF YES, WERE FINDIN	
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			pital) attended the deceased from	DEF	19 62		1983	that (I) (we) last
for us of He 21 is		saw the deceased alive or	ot) view the body after death.		nd that in (my) (our) opinion	death accurred on the date and	d hour and from the	couses stoted
DIREC ached Dept.		22b. SIGNATURE	or view the body offer death.		DEGREE .		22c. DATE	SIGNED
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should be dere	22- 5	URIAL, CREMATION, REMOVAL		NAME OF S	EMETERY OR CREMATORY		asningto	II DC
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	IP.	A. Bethesda.	Maryland		[[	B 2 2 1983 \ S	Lu. 2. C	Acres 6





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Washington D.C.

Joseph Gawler's Sons

DIVISION OF VITAL RECORDS,

DHMH-16 30M 2/80

(VRA 15, 4)

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		EGISTRAR EASED NAME OR PRINT)	FIRST	4.4	MIDDLE		LAST	2e. DAT		MONTH	DAY YEAR	26 HOUR
FUNERAL DIRECTOR. E.S. FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,			Ronn	16	rett		alkington	DEAT	H MATED [	2	1819 83	M
ON STR		le	White		• 1951 31	YEARS IF UN HDAY) MONT YRS.		MIN. PRONO DE	UNCED AD	2 2	18 19 83	8:54F
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	3n ST	RESIDENCE (	IF IN NURSING HOM	NE OR OTHER INSTITUTION, GUNTY  NCE GEO.	13c. CITY OR TOWN	ISSION)	13d. INSIDE CITY LIMITS? YES XX NO	135 STREET ADD	ress Traders	Xin	g 2070	7
9		HER'S NAME		MIDDLE Tal	kington		15. MOTHER'S MAID! PIRST Doris	ENNAME	MIDDLE	Boy	d LAST	
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5	0	UNDERLYING	CAUSE WAS OR IG CAUSE C	216. TIME OF HOUR 6:39.N	MONTH, DAY, YI	AR	ow INJURY OCCURRE		INJURY IN ITEM 18 PAR	T 1 OR PART	/ /	
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		22a. I certif		tural fairings	bed abave, held a	Autop	sy X. Inspectio	n , Inqui		п ту оры	ion	
SALLIMORE, MARTINE, 21201 PRIOR TO BURNAL, CREWOLDS, OR REMOVAL.		ACTUAL	(	1 len	1980	1	TITLE (SPECIFY)			DATE	2/20/0	7
0		EXAMINER'S	NAME	Thomas D	Smith, M	-	Deputy Ch	I Penn			2/20/8 , MD.	
-	30.BU	TYPE OR PRIN	ION, REMOVAI				or CREMATORY Cemetery	23d. LOCATION	J		Marvl	Yhd
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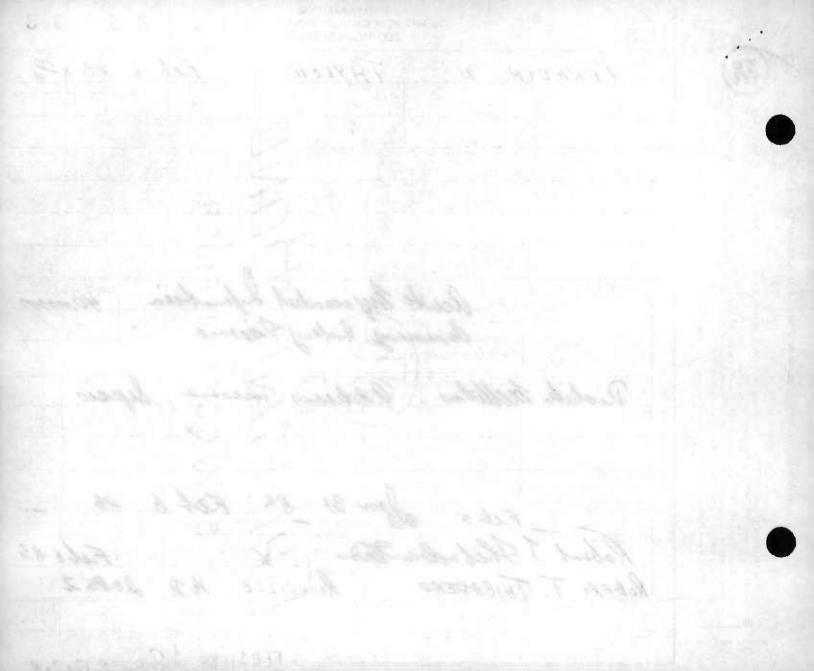
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3. SE		4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHO	ARS IF UNDER	TAYS HOURS		C DATE	40M	
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70 B	OREIGN COUNTRY)		76. CITIZEN OF WHAT	COUNTRY?		NEVER MAR	KKIED		-	UNTY OF DEATH
10 0	Washing ITY OR TOWN		USA 11. NAME OF HOSPITA	A NUPSING HOME	WIDOWED	DIVOR		Montgo		ORK 12h KIND OI
	Chevy C		(IF NOT IN SUCH FACILITY	GIVE STREET ADDRESS)	., OR OTHER I	143111011014	FOR MI	OST OF WORKING L	.IFE)	OR IND
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16a.	WAS DECEASE	D EVER IN U.S. AR	MED FORCES? 16	b. SOCIAL SECURITY		INFORMANT	1 - 44		DDRESS	ch-Ch 1
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	18. CAUSE C	OF DEATH (Enter on EATH WAS CAUSE	ly one cause per line for (			1	10.00	1		APPROXI BETWEEN O
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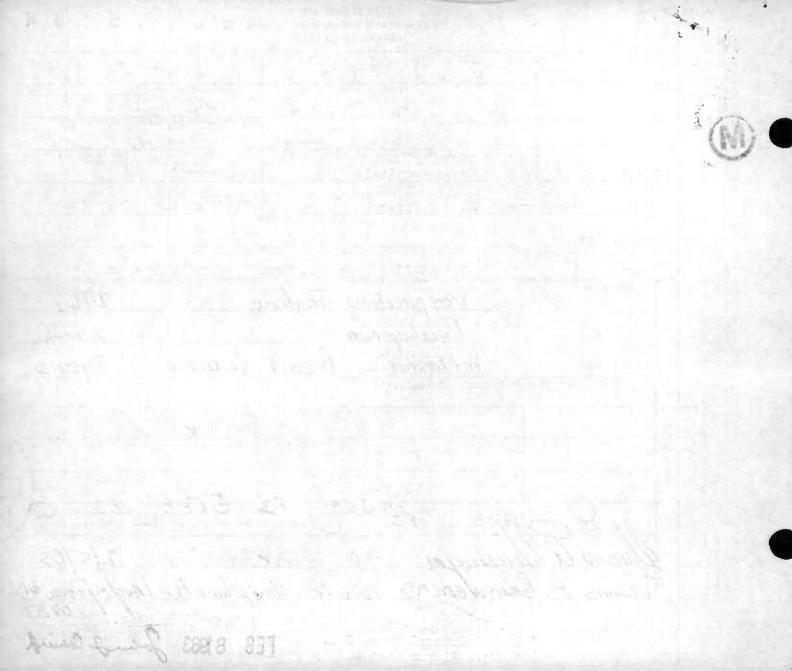
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	١.	FOR		DEPART		OF MARYLAND EALTH AND MENTAL HY	GIENE A	- 2	051	3 3
	1	STATE REGISTRAR				ICATE OF DEATH		REG. NO.		
FRE		OR PRINT)		MIDDLE	7	AVIAR	2a. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
0 000	3. SE.	RENN	E 7 /7	W,	S. DATE O	F BIRTH	6. AGE (IN Y	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IR IF UNDER 24 HRS
ge 4 ector,		MALE	CAUCA	SIAN	FEB			51 YR	MONTHS DAYS	S HOURS MIN.
Joseph Por		RTHPLACE (STATE OR FOREIGH		WHAT COUNTRY?	8. MARRIED	XNEVER MARRIED	9. BALTIMO	RE CITY <u>OR</u> COU	NTY OF DEATH	
de ott		ST VIRGINIA	U.S.	Α	WIDOWE	D DIVORCED		MONTGOM		MD.
The date of the office of the		TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	TADDRESS)	R OTHER INSTITUTION	TYPE OF WORK	CCUPATION FOR MOST OF WORKIN	G LIFE) INDUSTRY	OF BUSINESS OR
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MARYLAND 2120 ed within 24 hours mpletely filled in b ond 2 should be fil			ONT GOMERY	SILVER ST		13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS 102 HANNI	ES STREE	T 2090
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d by eleose iol, cr oth		underlying couse los	st. (c)							
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST  NG PHYSICIAN: The law requires that the death cert restrictions physician. (fer this certificate has been signed by the attending os the burial-transit permit. Then please remove carbon the and Mental Hygiene prior to burial, cremation, or rer orked or Item 18 shows ony injury, or other traumotic ex-	Z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS OF	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER		E OR CONDITION	GIEN IN PART	
w remmt. T	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	H OPERATION	N WAS PERFORMED	20a AUTO		YES, WERE FIND	INGS USED
he lo on. hos t peri	Ħ						YES 🗆	NO MIN CE	RTIFYING CAUSE YES	S OF DEATH?
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A ATI hospi RECT ed fe ed fe em 2		obove, (I) (we) (did) (c	lid non view the body	ofter death.		DEGREE				TE SIGNED
the the left of th		Kabent	J. The	bodea		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	F	6-83
TO HOSPITAL retoined by the TO FUNERAL (Should be detected with the State (IMPORTANT: H		22d. PHYSICIAN'S NAME	TYPE OR PRINT)			22e. ADDRESS		./ -	1 00	- 7
O HOSPI etoined k TO FUNE should be with the S		KOBERT 1	, THIBI	ADEAU		ROCKVIL	LEI	KD.	2083	d
Ter tra ₹	23a. E	SURIAL, CREMATION, REMO				EMETERY OR CREMATORY	CITY	RION REPORTED	SMOINT	stMD.
BP	24 5	BURIAL	2/9/		PAKKI	LAWN CEMETER!		CVILLE EGISTRAR 25b. REG		
DHMH-16 30M 2/80 (VRA 15, 4)	29. 1	INERAL DIRECTOR FR		COLLINS UFR SPRTN	IG. MD.		CO 4	EGISTRARIZSB. REC	JISIKAK S SIGNA	NIUKE

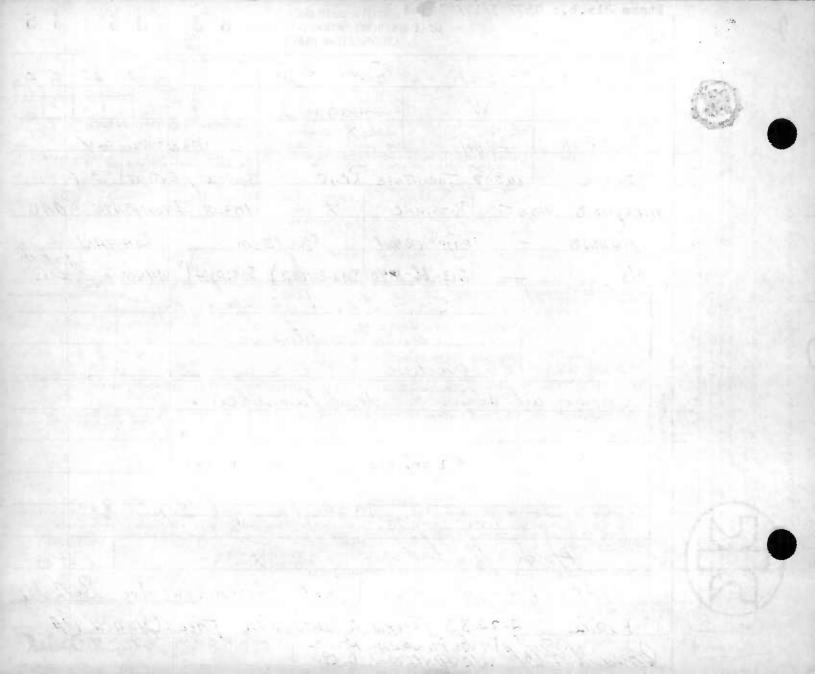


11800 New Hampshire Ave., Silver Spring, Md.

STATE OF MARYLAND



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	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		0513	3
	1. DE	CEASED NAME FIRST	WIDDIE	LAST	REG. NO	MONTH DAY YEAR 26. HOUR	
-		NEMA	TOLLAH -	TEIMOURIA	N	2 21.83 5	4 M
1	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS	HRS MIN,
		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	- RALTIMORE CITY OF	YRS. COUNTY OF DEATH	
8/		IRAN	FRAN	WIDOWED DIVORCED	1 Mar	THOMERY	MD.
10	10. C	D	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	5 OR
2	USU	AL RESIDENCE HE NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134, CITY OR TOW	EADMISSION)		XAVETT SELF	· U
33	130.	M - 4 - 4 - 1 - M	BNT. POTOM			RONTEATE ROAL	0_
Duine	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	MIDDLE	LAST	
250	160	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECT	JRITY NO. 17. INFORMANT	150M ADDRE	SS SAITAM	10
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even	>		TE CAUSE (0)CT	ical Cord	Compression	·	
umotie		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF	tion		
er frou		gave rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	xunju		
		underlying couse lost.	10 fracti	Le			
	2	0	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE		OITION GIVEN IN PART 100	
-	ATRO	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED	
	CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH YES NO NO	?
9	_	210, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING TO CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	CCURRED (ENTER NATURE OF INJOR	Y IN ITEM 18 PART I OR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.? 1 yr	0.	ell at home		
ed or	MED	216. INJURY OCCURRED  WHILE NOT WHILE	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TO	WN COUNTY STA	TE
3		AT WORK - AT WORK	ital? ottended the deceosed from	1939 19		21. 19 37, that (1) (we	e) lost
2/2		saw the deceased alive a above, (I) (we) (did) (did n	n 2.19. 19_ot) view the body ofter death.	33, and that in (my) (our) op	pinion deoth occurred on the do	ate and hour and from the causes state	ad
Hem	10	22b. SIGNATURE	1. n. /.	DEGREE	NG - AMEDICAL STAF	22c. DATE SIGNED	
	13	TO THE WAY	in Borner		NG MEDICAL STAF	IAN 1 7.21.83	
OK!		22d PHYSICIAN'S NAME (TYPE	BAHAR M	220. ADDRESS	Wisconein	Ave. Bett. A	10
IMPORT	230.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMAT	ORY 234 LOCATION		
5		BURIAL	2-22-83 1	SLAMLIC GARDEN	SCEN FALLS	CHURCH, UA"	
4/82	24 F	UNERAL DIRECTOR	DEVOL FLEAM	EKAL HOME	o DATE BOOK SE SISTEM	Sherdistar's Sanatare	1
	1 6	denis 14. 45"1	Al Waritrust	-702 A) D C.			



P.O. Box 7428

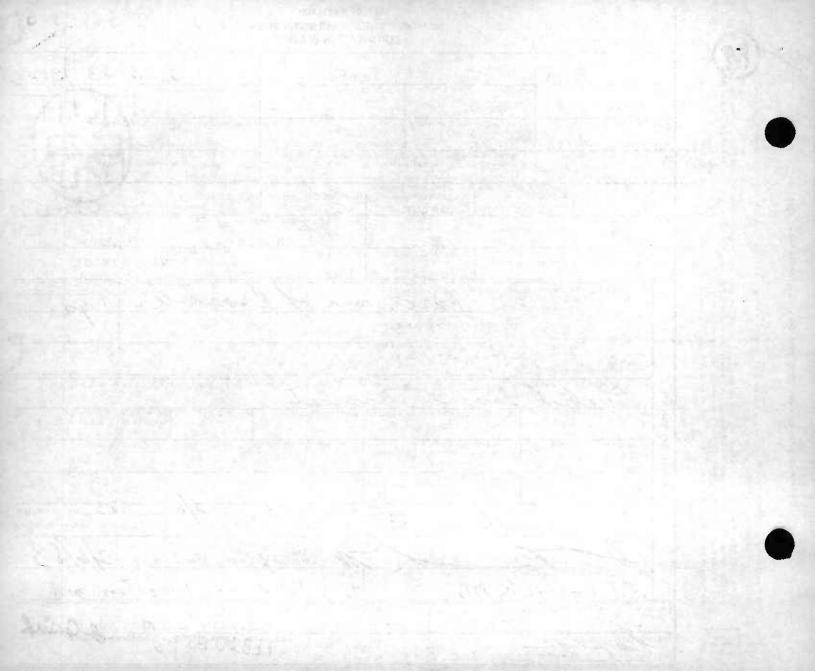
E. Pumphrey, Inc., Sil. Spr., Md

FOR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

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		1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	5 1 3 8
page 3			OR PRINT) ALMA	THERESA	TINSLEY	20. DATE OF DEATH MONTH	12/83 2b. HOUR 4:20p
off,		3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
eath. Page nerol direct n 72 hours		7n Bi	Female RTHPLACE (STATE OR FOREIGN COUNTRY TEXAS	Negro  7b. CITIZEN OF WHAT COUNTRY?  USA	8. MARRIED NEVER MARRIED DIVORCED D	58 YRS 9. BALTIMORE CITY OR COUN Montgomery	TY OF DEATH County
of the funer lied within 7	6	10. CI	ney, MD	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS; eneral Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired	12b. KIND OF BUSINESS C INDUSTRY Agri. Resea
filled in nould be f	36	Mo	1.	1 1 1	N 13d. INSIDE CITY LIMITS?  Spring YES \ NO \	130. STREET ADDRESS	20904
completely	50	14. F.A	THER'S NAME FIRST  Zed •	MIDDLE LAST  Johnson	35. MOTHER'S MAIDEN NA FIRST Reatr	MIDDLE	LAST
n and ca			AS DECEASED EVER IN U.S. AF		RITY NO. 17. INFORMANT	ADDRESS	Beane
we requires that the death co been signed by the attendin mit. Then please remove carb prior to buriol, cremation, arr		CERTIFICATION	PART 2. OTHER SIGNIFICANT	califi	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED		SIVEN IN PART 11g
he k	and a	RTIFIC				YES NO	TIFYING CAUSES OF DEATH?
HYSICIAN: Iding phys his certifica burial-trail Mental Hy	9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED NOTIFY MEDICAL EXAMINE AT WORK AT WORK	ATH HOUR A.M. MONTH DA	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM ):  CITY OR TOWN	COUNTY STATE
Africa Africa	0		22a.t certify that (1) (this hosp saw the deceased alive ar above, (1) (w	n 19 19 19 19 19 19 19 19 19 19 19 19 19		death accurred an the date and h	, that 41. (we) li aur and fram the causes stated
the hospital the hospital III DIRECTOR. The Dept. of Herm 21 is			22b. SIGNATURE	m	DEGREE ATTENDING	MEDICAL STAFF	2/13/13
by the hospital BRAL DIRECTO e detached for State Dept. of the No. 11.			22d PHYSICIAN'S NAME (TOPE	OR PRINT)	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	2/13/13
TAL OR ATTE by the hospita RAL DIRECTO detached for fore Dept. of the		23a. E	W	23b. DATE 23c. N	ATTENDING PHYSICIAN (220. ADDRESS 2. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.		Le, COUNTY Md.

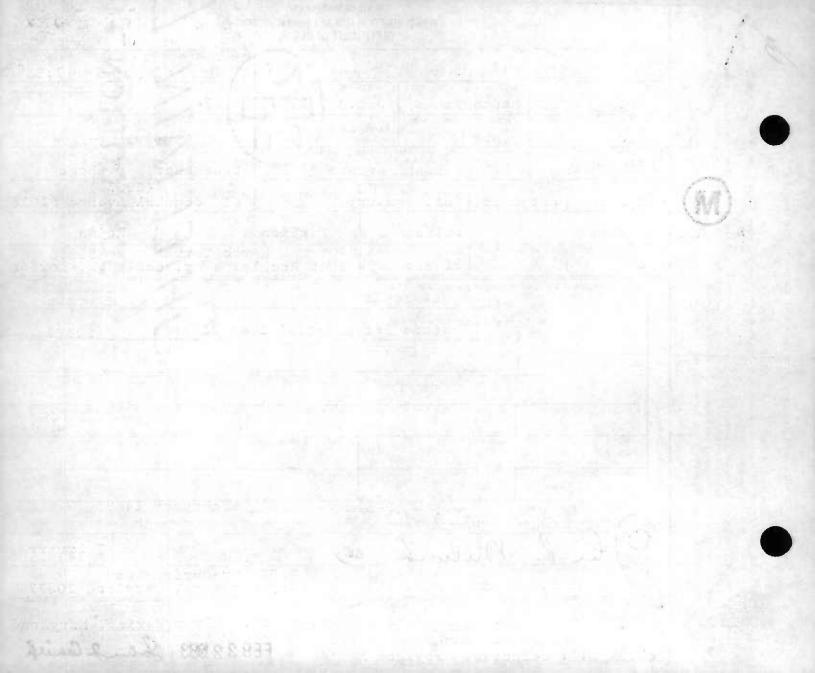
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		CEASED NAME FIRST		AIDDLE	1	AST		20 DATE OF DEATH	нтиом	DAY YEAR	2b HOUR
		Magdalen	u	3.		rres		February		1983	7:30 <sup>a</sup> <sub>M</sub>
	3 SE	X	4. RACE		S. DATE C		FAR_	6 AGE TIN YEARS LAST BI	RIHDAY)	MONTHS DATS	HUNDER 24 HRS
	1 0	Female	Caucas		рес	. 8, 18	9 5	87	YRS.		
14	c	IRTHPLACE (STATE OR FOREIGN COUNTRY) Cuba	Cuba	WHAT COUNTRY?	WIDOWE		ED 🔲	9. BALTIMORE CITY O			MD.
00	Gá	aithersburg	101 (	dendha:	ADDRESS)	nue #10		126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemak	OF WORKING		
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3	14 FA	Ramon	WIDDLE	Solis		15. MOTHER'S MA		MIDDLE MIDDLE		Rojas	51
)	160 V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	MED FORCES? /E WAR OR DATES)	264-23-				erto Toff edge Dr.			955 Florida
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per ED BY: TE CAUSE (0)	Pneum	onia						MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate	DUE TO, OF	cas a conseque Chronic	int	erstitia	1 1	ıng disea	se	yе	ars
		couse (o), stating the underlying couse lost.	(c)	as a conseque							
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	INTRIBUTING TO E	DEATH BUT	NOT RELATED TO 1	HE TERMI	nal disease or con	DITION G	IVEN IN PART I	D
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME		200 AUTOPSY?  YES NOX	IN CERT	ES, WERE FINDIT IFYING CAUSES IES	NGS USED S OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	DE INJURY EET, FACTORY, OFFICE FA	ARM, ETC )	211 LOCATION STREET	H	CITY OR 1C	DWN	COUNTY	STATE
	1	220.1 certify that (I) (this haspe the deceased alive on above, (I) (we) (did) (did no	Februa	ry 4 19	Apri. 83 on	20, 19 d that in (my) (our)	82 opinion d	, to Februa eoth occurred on the d		419 <u>83</u> ,	that (I) (we) lost couses stated
	A	27h EIGHTATARE	m	lunt	2	PHYS	IDING ICIAN []	MEDICAL STA	FF CIAN [	Feb	FuaTy83
1	1	John R.	Melnic					Frederinersburg,			20877
		URIAL, CREMATION, REMOVAL	16, 1	983 Gat	te of		Cem		Spr	ing, M	aryland
		DNERAL DIRECTOR Rober Dnes, P.A. Be					FE FE	B 2 2 1983	25b. 85 C. 15	lugo	shielf.

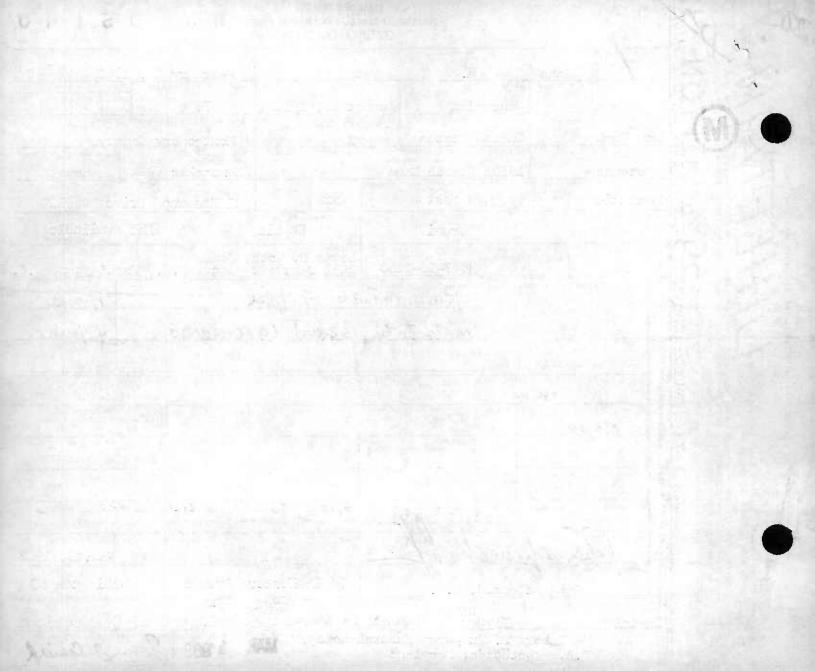
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

retoined by the hospital or attending physicia

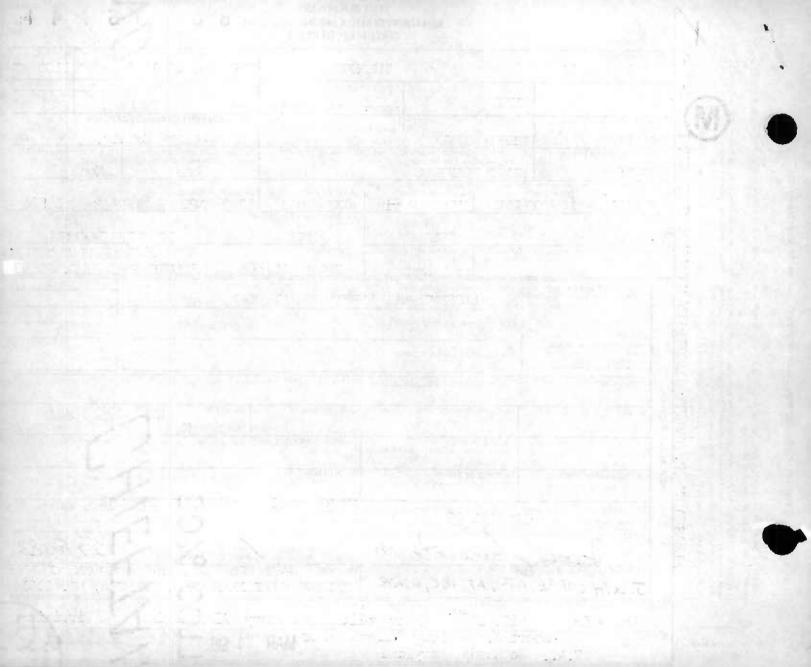




Bethesda, Maryland

P.A. .

(VRA 15, 4)



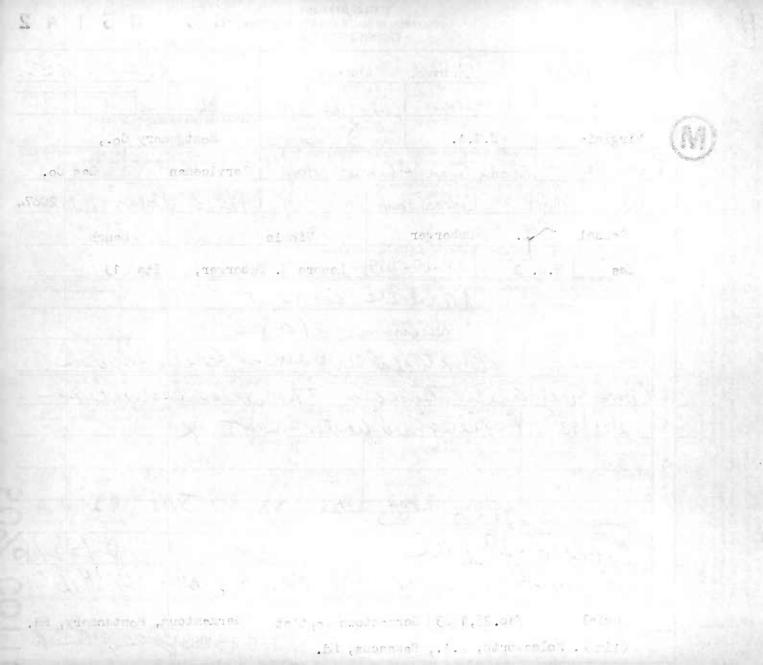
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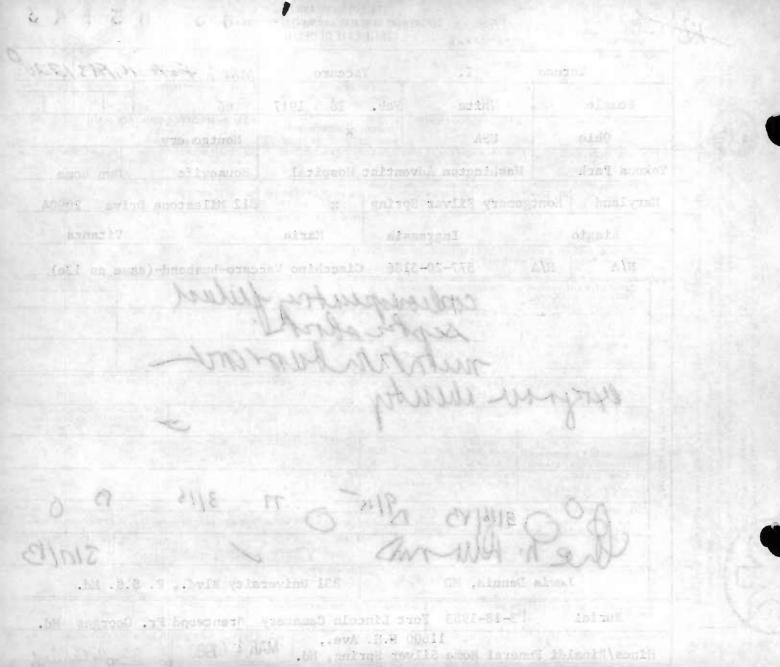
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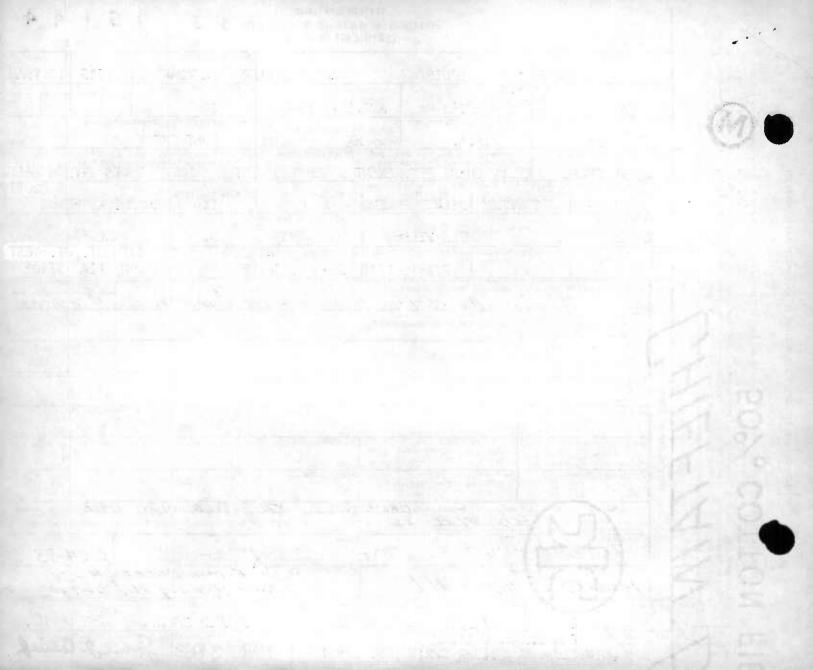
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

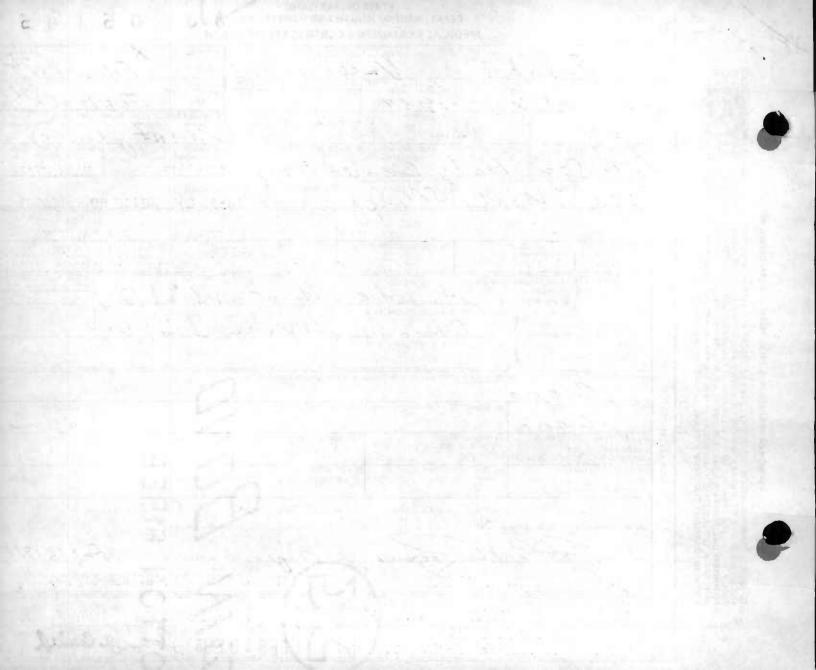




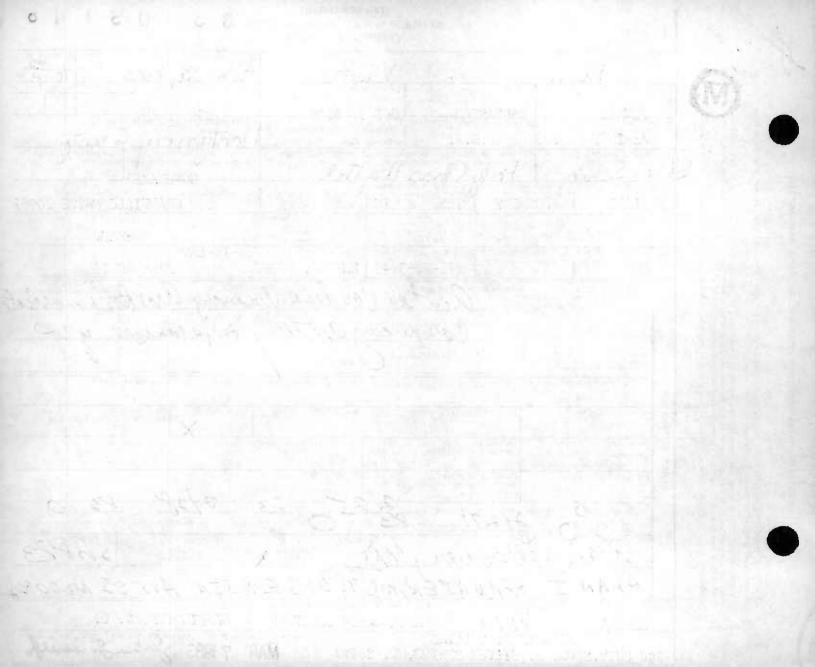
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1.	1	FOR STATE REGISTRAR			DEP		F HEALTH AN	D MENTAL HY	GIENE 🥇	REG. NO	).	2 1	
		CEASED NAME F	FIRST		MIDDLE		LAST		2e. DATE	OF DEATH	MONTH	DAY YEAR	2b. HOUR
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1	3. SE	X	11. 4	I. RACE	1,05,		TE OF BIRTH	YEAR	6 AGE	(IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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11 122	7a B	IRTHPLACE (STATE OR FORE	E'IGN 7	b. CITIZEN OF		MA		R MARRIED	9. BALTI	MORE CITY O	_	OF DEATH	
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Doy #	10. C	CHEVY CHASE		(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS	ENT & N		TYPE OF Y	AL OCCUPATION OF THE BUYE	WORKING LIF	E) INDUSTRY	HOM SALT
d be	USU 13a	AL RESIDENCE (IF NURSING STATE	HOME OR C	OTHER INSTITUTION.	GIVE RESIDENCE			E CITY LIMITS?	13e STRE	ET ADDRESS			2091
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Poges medica				WAR OR DATES)		L SECURITY N			IECE				UE WEST
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is certificate burial-transit   Mental Hygi or Item 18 sh	1	OR CONTRIBUTING CAU	SE OF DEAT	110110 1	M. MONTH		AR 9	'INJURY OCCUR	KED (ENTE	R NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2}	
2 ≥ 5 E	MEDICAL	21d INJURY OCCURRED		21e PLACE		OFFICE, FARM, ETC	211 LOCA	TION		CITY OR TO	MM	COUNTY	STATE
fter these street the and surked	1	AT WORK AT WORK											
R: A use use deold deold is mis		22a.1 certify that (1) (th	is hospita	al) attended th	e deceased f	from HRK	16	19.82		EBRUAT		19 1983	that (1) (we) lost
CTO I for		saw the deceased above, (I) (we) (did)	alive on 🔏	view the bady	ofter death.	193.3		ny) (our) apinian	death occ	urred on the do	ite and hau		
the haspital AL DIRECTOR etached far u te Dept. af He		The SIGNATURE	1	april	6	n	DEGREE	ATTENDING .	MEDIC			22c. DATE 2-2	SIGNED
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TO FUNERA should be de with the Stat		HUBERT	J.	Alpen	7, M.			8.10	Er	Porm	g Me	1209	710
D		BURIAL, CREMATION, REA	MOVAL	23b. DATE				R CREMATORY		OCATION CITY OR TOWN	7110	COUNTY	STATE
	24 5	BURIAL	1110=		6/83	LGATE	OF HEAV			VER SPR		MONT	MD.
- 16 50M 4/82	Z4 F	UNERAL DIRECTOR FR	ANCT:	S J. CO	LLINS	OT NO AM	20001		IAR	3 <b>198</b> 3	AND REGIST	RAR'S SIGNAT	Conich
/RA 15, 4)		500 UNIV.BL	VV.,	W., SILV	CK SPK	CING, ML	. 20701	IA	IMIN	0 1300	0		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN FRANCESCO (TYPE OR PRINT) OF ESTI-DEATH MATED 3. SEX IF UNDER 24 HRS 2c. DATE PRONOUNCED LAST BIRTHDAY DEAD 7n BIRTHPLACE NEVER MARRIED TTALY U.S.A. WIDOWED [ DIVORCED IE CITY OF TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY TRON WORKER WASH, STATE 20901 14 FATHER'S NAME DASE EVER IN U.S. ARMED FORCEST IYES NO OF UNKNOWN) I F YES, GIVE WAR OR DATES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). TRANSIT PERMIT. PART I DEATH WAS CAUSED BY Cat ... 4 BURIAL - TRAY ... H AND MENTAL HYGIETAL H AND MENTAL HYGIETAL MAN OR REMOVAL. IMMEDIATE CAUSE (a Canditions, if any, which rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) ED AS A E CERTIFICATION USED A E 3 SHOULD BE USED / DEPARTMENT OF HE/ 31 PRIOR TO BURIAL, ( 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY AT WORK NOT WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 228. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted fram: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) 1919 SEMINARY RD., SILVER SPRING, MD. JOHN S. ROGERS 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL SILVER SPRING GATE OF HEAVEN 2/17/83 MONT MD. 24. FUNERAL DIRECTOR FRANCIS J. COLLINS REGISTRAR'S SIGNATURE **DHMH - 17** 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VR A15 ME (5)) 20M 4/82



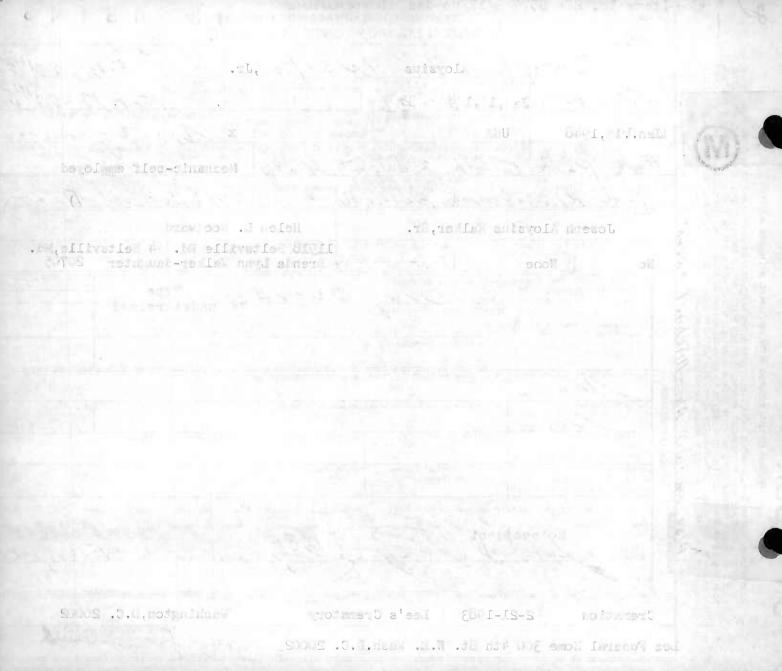
/	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H REG. N		4 6
1	DECEASED NAME (TYPE OR PRINT)	M.  4 RACE	S. DATE OF BIRTH MONTH DAY Y	20 DATE OF DEATH  6. AGE (IN YEARS LAST BIR	1983	2b. HOUR  IF UNDER 24 HRS  HOURS MIN.
meral direction in 72 hours.	FEMALE  THE BERTHPLACE (STATE OR FORE COUNTRY)  WASHINGTON, 1			9. BALTIMORECITY C	YRS.  R COUNTY OF DEATH  PLU QUIT	MD.
1 108 9	0 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION TO THE PROPERTY OF THE PROPERT	HON-	EMAKER 12b. KIND OF	F BUSINESS OR
Sould Sould		DICOUNIT LIBE CITTOR I	SPRING YES XX NO	DEN NAME	BRAUM LAST	
TIMORE, n  The execute  on and can  or and can  remedical a	(YEN) OR UNKNOWN)	CALL CONTINUED OF DATEST	8-3444 RUTH A.	AUGHTER-IN-LAWR VIEDT	SAME AS 13	MATE INTERVAL
RDS, 201 W. PRESTON ST., B equires that the death certifical is signed by the attending physical please remove carbon pay the burish. cremotion, or remove injury, or other froumatic event.	Conditions, if any, w gove rise to immed cause (a), stating underlying cause	MEDIATE CAUSE (0) DUE TO, OR ANA SPISE	OUENCE OF	HE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1:0	solded
OF VITAL RECO	90. DATE OF OPERATION  110. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	LYING 21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	200 AUTOPSY?  YES NO NO NOTICE OF INJUST OF IN	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES ( YES	
ENDING PHYS Toll or otherding OR. After this or I use as the buy Health and Me	con thursday against	(AT HOME, STREET, FACTORY, OFF	2/2 19	ecity or to	£ 19 \$3.	tho (1) (we) lost couses stated
OSPITAL OR ATT med by the bopp FUNERAL DIRECT old be detected for the State Dept of ORTANT. If tem 2	22d PHYSICIAN'S NAM	Hid not in of the bady after death.  Whatever the control of the c	DEGREE	IDING MEDICAL STA	2h DAY	SIGNED 3
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	230. BURIAL, CREMATION, RE (SPECIFY) BURIAL		236. NAME OF CEMETERY OR CREM ROCK CREEK CEMET	· CITY OR TOWN	STON, DOUT.	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR #	RANCIS J. COLLINS D.,W.,SILVER SPRIM		MAR 7 1983	256 ABGISTRAR'S SIGNAL	shif



m =		REGISTRAR  CEASED NAME FIRST  OR PRINT)	MIDDLE	CERTIFICATE OF DEAT	REG. NO.	ONTH DAY YEAR	26. HOUR A
oth		Arthur		glahn Von Glahr			11:55 <sup>A</sup>
	3. SE:	Male	White	Jan. 27, DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS YRS.	HOURS MIN.
n 72 boy		RTHPLACE (STATE OR FOREIGN 71 COUNTRY) W York Jersey	USA	8. MARRIED NEVER MARRI WIDOWED DIVORC	Montromari	COUNTY OF DEATH	MD
by the fu		thoods	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Clinical Center	ADDRESS) NIH	(TYPE OF WORK FOR MOST OF W		BUSINESS OR
2 should be in the interpretation of the int	130. S Ma	AL RESIDENCE (IF NURSING HOME OR O STATE  TYLAND  ATTHER'S NAME FIRST	THER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) VN 13d. IN SIDE CITY LIV	MITS?   136 STREET ADDRESS   Rt. 1 216	663	
old mo		rthur Pete	r <del>Vonglahn</del>	Ruth	Shirley	Unknown-	Noble
Pages Pages Pages	11	VAS DECEASED EVER IN U.S. ARM (ES. NO OR UNKNOWN) (IF YES, GIVE )	ED FORCES? 166 SOCIAL SECU WAR OR DATES) 078-05-8	The second secon	Von Glahn (wife)		tient
ysicio opers. val. it, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane couse per line for (a), (b), or	nd (c/.)		APPROXIM BETWEEN OR	ATE INTERVAL
bonpor remo		4241 IMMEDIATE	CAUSE (a) Mediastin	al Hemorrhage		7144	
re car an, or umati		Canditians, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF			
by the of isse remov cremation other tra-		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE STP AOTE	ENCE OF LC Valve Replace	ement		
n signed Then pleo r to burial injury, or	NO	PART 2. OTHER SIGNIFICANT CO	161		HE TERMINAL DISEASE OR CONDIT	TION GIVEN IN PART ) (0	
icion.  te has been nsit permit. I rgiene prior shows ony ii	CERTIFICATION	19a DATE OF OPERATION 2/2/83		rtic valve rep		20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES []	GS USED OF DEATH?
F 5 5 5 E 8	ž.	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D P.M.	21c HOW INJURY	OCCURRED (ENTER NATURE OF INJURY II	IN ITEM 18 PART I ORPART 2)	
or attending p After this certifie as the burial- alth and Menta marked or Item	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	214. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
. + 0 + 0	3	22a.) certify that (I) (this haspita saw the deceased alive on abave, X) (we) (did) this say	i) attended the deceased from February 13 19 8	January 15 , 19	83 , to February opinion death accurred on the date	13 , 19 83 , the and hour and from the co	nat XI) (we) lost auses stated
TOR: for us of He 21 is		226. SIGNATURE	/ / Via	DEGREE	DING MEDICAL STAFF	22c. DATE S	IGNED 3
he haspital DIRECTOR: rached far us Dept. of He If Item 21 is	/	Abover 1	). (Show) III	PHYSI	CIAN 🔲 DIRECTOR 🗌 PHYSICIA		100
by the hospital ERAL DIRECTOR: e detached for us State Dept. of He ANT: If them 21 is	/	1220. PHYSICIAN'S NAME HYPEORI	OM CHERD IND	PHYSI	CIAN 🔲 DIRECTOR 🗌 PHYSICIA		100
he haspital DIRECTOR: ached for us Dept. af He If Hem 21 is	В		23b. DATE 2/17/83 Li	220. ADDRESS Na Clinical	tional Institutes Center, Bethesda  ATORY 23d LOCATION Etery Sykesvil	s of Health a, Md. 20205	and

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	CTOR. FILES. IOURS IRRET.	3. SEX	JOS ex	DATE OF BIRTH		V2//CV	24 HRS. 2c. DATE MONTH	DAY YEAR MAN
	AL DIRECTOR		mus	an, 15, 194	8 35, YRS	MONTHS DAYS HOURS	PRONOUNCED DEAD  9 BALTIMORE CITY OR COU	17 19 P.3 PM
0	(M)	Ma	ryland	USA  1. NAME OF HOSPITA		DOWED DIVORC	ED TO TO THE TOP OF WELL TO THE OF T	THE KIND OF BUSINESS
-	A CONTRACTOR		L RESIDENCE OF IN NURSING HOME OR O			to House	FOR MOST OF WORKING LIFE)  Mechanic-self em	or industry
VD. 2120	2. AND 3. RETA 3. RETA ALRECC	13a. S	Md RPINC	ebenya	Belton	YES NO I	130 STREET ADDRESS HOW	110 Br. Apt4
NORE. N	R DEATH RRM PM I AND I OF MT	16a. V	Joseph Aloya	D FORCES?	er, Sr.		L. Woodward	LAST
BALTIN	IS AFTER POWITH FOR PAGES DIVISION		S, NO, OR UNKNOWN) (IF YES, GIVE WAI		215-44-5		nn Walker-daughter	
PRESTON ST.	THIN 24 HOU DIE IN ITEM 18 JER ALONG VANSIT PERMIT ALL HYGIENE I REMOVAL		18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B IMMEDIATE (Canditions, if any, which gave rise to immediate	Υ: CAUSE (α)	A CONSEQUENCE OF	Overd	Type undetermined	BETWEEN ONSET AND DEATH
5, 201 W.	CUTED W TIN PENNIN JRIAL TR NO MENT		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS	A CONSEQUENCE OF			
ECOND	BE EXE ENDING MEDICA AS A BI ALTH AN CREMA	NOU	PART 2 OTHER SIGNISMANT CONDITIONS CON				RT 1 (a).	
VITAL R	SHOULD ONIE HE BE USED VITOF HE BURRAL	CERTIFICATION	190 DATE OF OPERATION		N FOR WHICH OPERATION	ON WAS PERFORMED?		20 AUTOPSY?  YES \( \square\) NO \( \beta\)
ONOF	STHEW TO THE HOULD BE ARTIMEN		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		ONTH DAY YEAR		D LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
DIVIS	WRITIN WRITIN WRITIN AREDER ATEDER	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTORY		1 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AMINER: 1 RTHICATE, D BE FORW RECTOR: P ITTH THE ST RYLAND, 2		22a I certify that I taak charge a		ed abave, held an Acident Suicide		Inquiry , and in my Undetermined manner ,	apinian
-	MEDICAL EX EUITE THE CE CE 4 SHOULD FUNERAL DI TIMORE, MA		ACTUAL SIGNATURE EXAMINE NAME	210	( Oge	MD. COPECIFY)	MEDICAL EXAMINER SIGI	6eb/8/983
	8P642	(5		DATE -21-1983	23t. NAME OF CEMETE Lee's Cre	matory	23d. LOCATION CONTOURN Washington, D.C.	
	DHMH - 17 (VR A15 ME (5))		Funeral Home 30	0 4th St.	N.E. Wash.I	.C. 20002	REC'D. BY REGISTRAR PREGISTRAR	SIGNATURE



(VR A 15 (4))

300 Fourth St. N.E. Washington, D.C. 20002

Lysia fauline will yearsamy 3, 1953 le Jerue - Girele anor Tursin Rose For House of Junglant one one; Silver Silver State Stat ran 2. miles moral dayle Julia 15-(--671 ?crine rares (niese) see Item 13 remac lend le lue lue de la company J. illiam lee's Las Jo. 3 or ... sairçon, ... 2 (2

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STATE OF MARYLAND

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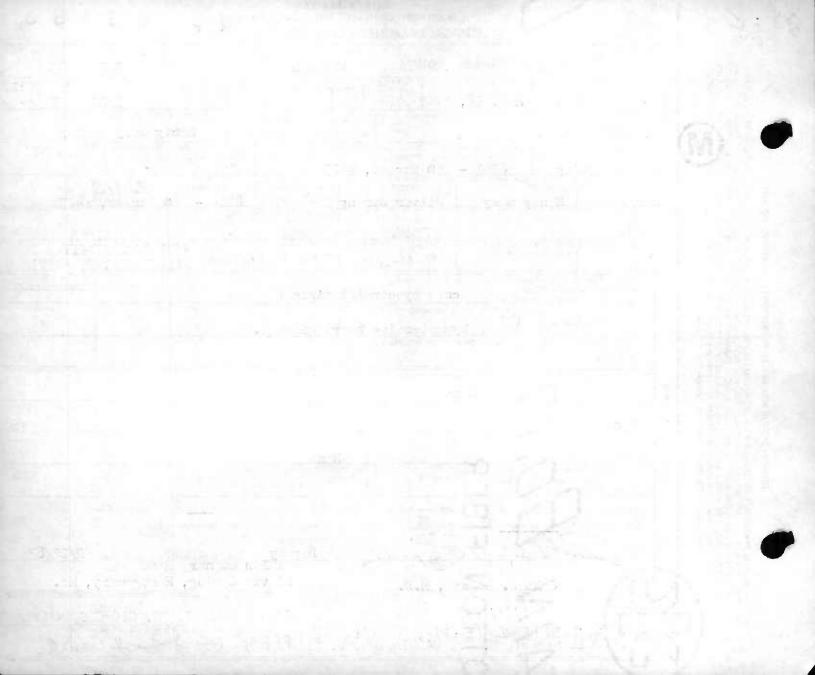
4_	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		NE 8 3	0	5 1	5 2
		CEASED NAME ORPRINT)	EUNI	ice	MIDDLE .		alton			a 1	6 83	26. HOUR 525 A M
	J. SE	emale			ite	5. DATE C	DAY Y	YEAR	AGE (IN YEARS LAST BIRTI	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Jeoth. Paral and 72 to the		COUNTRY) Virginia		USA	WHAT COUNTRY	WIDOWE		SED (	Montgome		OF DEATH	MD.
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AND 212		AL RESIDENCE (IF NU	- Ch	ONT		Princ	136. INSIDE CITY LIA			5 W	ZO9(	9-
MARYLed within ond 2 shoot 3 s		ATHER'S NAME FIRST Hugh		MIDDLE	Myers		15. MOTHER'S MAI FIRST Anni		WIDDLE		ochenou	
Do ond co		VAS DECEASED EVE YES, NO OR UNKNOWN) <b>NO</b>		MED FORCES? E WAR OR DATES) None	578-10-		17 INFORMANT		in,9806 Ro			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours redening physician ond completely filled in by os the burial-trions the permit. Then please remove carbon popers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremotion, or removal.  Orked or them 18 shows any injury, ar other traumotic event, the medical examiner must be great than the property of the	7	Conditions, if on gove rise to ir couse (a), statunderlying cou	WAS CAUSEI IMMEDIAT  Py, which mediate ting the se last.	D BY: E CAUSE (o)  DUE TO, C  (b)  DUE TO, C	ONTRIBUTING TO	POLENCE OF	NOT RELATED TO T	THE TERMIN	al disease or cond	DITION GIV		MATE INTERVAL INSET AND DEATH
TAI RECORD The law requicion. The law requicion. Is the permit The giene prior to giene prior to shows any inj	CERTIFICATION	19a. DATE OF OPER	ATION	19b. COND	DITION FOR WHICH	H OPERATION	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?
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OR ATTEND e hospiral o DIRECTOR: A sched far use Dept. of Heal		270.1 certify that ( saw the dece above, (I) (we) 22b. SIGNATURE	sed alive an	-	- 15 19		DEGREE	NDING.	MEDICAL STAF	te and hou	r and from the c	SIGNED
TO HOSPITAL etained by the TO FUNERAL should be detromit the State with the State		22d. PHYSICIAN'S I		Burge	r M.D.	2	PHYSI 22e ADDRESS	ICIAN S	a Ave /Sil	AN 🗌	pring.	
BP		SURIAL, CREMATION SPECIFY) Cremation	1	Feb.	16,1983 M	etropo	emetery or crem	ATORY	23d. LOCATION		COUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	JNERAL DIRECTOR NAME 2222 Wisc	DeVol	Funeral Ave., I	l Home	ne A	of Nello	FEB 2	8 1983	Sh. REGIST	Par's SIGNATI	IRE LA



of April 1 a Calculation as a control Virginia U.A The second second Best Stiller in A at the State State State Nowerite None and the material of the first of the property of the control of th Hugh R. Myors Annie Gellesonr None 578-10-178 Mm. L. Milledo, 806 Resencted Ave. 58, Md.

Ir. Steven A. Burger M.D. 10301 Georgia Ave./Silver Spring, Md. Cremetion Feb. 16.1543 Metropoliusa Cremetor Alexandria, Virtinia InVol Funeral Home, Inc. 222 Micronsin Ave., W. .., Karb., T. C.

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	<b>克莱恩</b>	1	IT OR TOWN	OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HO		IER INSTITUTIO			UPATION (T		O	R INDUSTI	SINESS
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	ORENES OF	13a. S		IF IN NURSING HOME C		13c. CITY OR TOWN		13d. INSIDE CITY	LIMITS? 13e.S	TREET ADD	RESS	2819	108		
	22 AAMAAA	1	Marvlan		tgomery	Silver		VV	NO 0 8	201 -	16th S	treet	# #	423	
	ENHAL NO	14. F	THER'S NAME		MIDDLE	LAST			'S MAIDEN NA	ME	MIDDLE			LAST	
	O AND	C	HARLES		MIDDLE	WATZMAN		ROS			WIDDE		BLOC		
	MOR PAGE NO SA DA	100		EVER IN U.S. AR		166. SOCIAL SECU	RITY NO.	17. INFORMA	ANT		820 PRE	986+6			
	BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY GIVE PAGES 1.2. AND TITH FORM PM 3. RETA PAGES 1 AND 2.5HOUL IVISION OF VITAL RECO	N	NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	216-46-2	2065	FRANK	H. WAT:	ZMAN.	SILVE	D CDE	THE	MADI	/I AND
		H	18 CAUSE O	F DEATH /Enter on	ly one cause per line	far (a), (b), and (c).)					SILVL	V SIV	A	PPROXIMATE	INTERVAL
	201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG W. HAL - TRANSIT PERMIT. O MENTAL HYGIENE, D. ON, OR REMOVAL.		PARTIDE	ATH WAS CAUSED	D BY:	Acute myoc	ardial	diesa	cd				BET	WEEN ONSE	AND DEATH
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	M D=W 200				(c)										
	DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PR POED TO THE CHIEF MEDICAL EXAM BE 3 SHOULD BE USED AS A BURIAL- E DEPARTMENT OF HEALTH AND MEI TO PRIOR TO BURIAL, CREMATION,	-	PART 2 OTNER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION G	GIVEN IN PART 1 (a).						
	BE DO	CERTIFICATION				one									
	AL HE HE	3	19a DATE OF	OPERATION	196. CONDI	TION FOR WHICH OF	PERATION W	AS PERFORM	ED?				20 /	AUTOPSY?	
	SHOUL CHIEF TOF H URIAL	1 8	None											YES 🗌	NO 😾
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	OR TO THE OR TO THE OR	1 3	UNDERLYING CONTRIBUTION	OR NG CAUSE OF I				None							
	PRICE	MEDICAL	21d. INJURY C		21e PLACE	OF INJURY (AT HOME		CATION	- 1 C - 1						
	DIVISION IS CERTING REPED GE 3 SI TE DEP	Z	AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET		CITY OR	IOWN		COUNTY		STATE
	PIV E. THIS CE E. WRITI RWARDE PAGE 3 STATE DI 3, 21201 I										X				
			220. I certif	y that I toak charg	100	scribed obave, held ar	Autop	sy L.	Inspection	, leave	<u>~</u> [A].	and in my	opinion		
	MERCHES	1	death resulte	ed from: Natur	rol causes X,	Accident,	Suicide	, Homicid	le 🔲 - Und	determined	monner	J.			
100	WAY WAS SER	100	ACTUAL	10	001			TITLE (SPE				DAT	-	- 100 1	0-
	A HA HA		SIGNATU	100	20	aper	N	Dep	uty &	EDICAL EX	AMINER W	SIGN	NED_C	2/22/	83
	NOE NEED	1	EXAMINER'S	NAME		~	,				-			363	
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOUD BE F TO FUNERAL DIRECT AFTER DEATH, WITH TI BALTIMORE, MARYLA		(TYPE OR PRIN	Joh	n S. Roge	ers, M.D.		ADDRESS	Silver	sprin	g, Mon	tgome	ery,	Md.	
	5×45×4			TION, REMOVAL 2		23c. NAME OF				LOCATION ITY OR TOWN		cc	YTAUC	ST	ATE
	BP		BURIAL		2/24/198			ON CEME		ADELPH	II, PR.	. GEO	RGES	, MAT	RYLAND
	DHMH - 17	24 F	DONALDS	MPR STEIN	HEBREW ME	MORIAL FUN	IERAL I		a. DATE REC'D.	BY REGIST	RAR . RE	GISTRAR'S	SIGNA	TURE	
	(VR A15 ME (5))		232 CAR	ROLL STR	EET, N.W	., WASHING	TON,	D. C.	FEB 2	8 1983	John	nd	- Cal	nely	
	20M 4/B2														



	1-	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	0 3	
pe 3		CEASED NAME FIRST OR PRINT) HELE	N MARJORIE	WEAVER	Feb. 13,		26. HOUR p 12:25 M
our of the polynomy	3. SE	Female	4. RACE Cauc.	5. DATE OF BIRTH  MONTH  11 24 1920	6. AGE (IN YEARS LAST BIRTH	YRS.	EAR IF UNDER 24 HRS
(NU)	(	RTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	76. CITIZEN OF WHAT COUNTRY  USA		9. BALTIMORE CITY OR Montgom	COUNTY OF DEATH	MD.
by the further mention		TY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Sylvan Nursi	NG HOME OR OTHER INSTITUTION TADDRESS) TABLE HOME	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Thousewife	WORKING LIFE) INDUST	ID OF BUSINESS OR IRY
filled in bould be I	USU/ 130. S	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN MO	other institution, give residence berg offy, cuty or to ontgomery Silver	Spring yes X NO [	1300 Bark	er Street 2	20910
and 2 sh and 2 sh examine	1	Carl	Exselse		WIDDLE	Mar	
n and co		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SEC E WAR OR DATES) 311-24		Silver Spring eitz 14431 As	trodome D	r.
physicia n papers maval.		PART I. DEATH WAS CAUSE	lly ane cause per line far (a), (b), o D BY: TE CAUSE (a)	nd (c))	rladden		ROXIMATE INTERVAL EEN ONSET AND DEATH
by the attending tase remove carb al, cremation, ar r r ather traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)	V			
Then ple Then ple to buric injury, a	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PAR	Τ 1(α)
ene prio	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES [	
certificate irrial-transi ental Hygi frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART	2)
s the but he and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC ) 211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
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TO FUNERAL DIRECTOR FROM THE STORE OF THE STORE DEPT. OF THE STORE DEP		22h SIGNATURE	- Tayl	M.D. ATTENDING	MEDICAL STAFF	AN   2	14(83
should be deto		MARTIN C	. SHARGEL		SINGTON	MJ-3	10885
		Burial, Cremation, Removal	2/16/83	Name of Cemetery or Crematory Gate of Heaven Cem			
16 50M 4/82 A 15, 4)	24. F	1331 Rockville	eler Funeral Hor Pike Rockville, N	ne, Inc. Id. 20852	TE REC'D. BY REGISTRAR 2 EB 1 7 1983	se registrar's sig	Course

STATE OF MARYLAND

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W. W. Chambers Co8655 Georgia Ave, S. S. Md

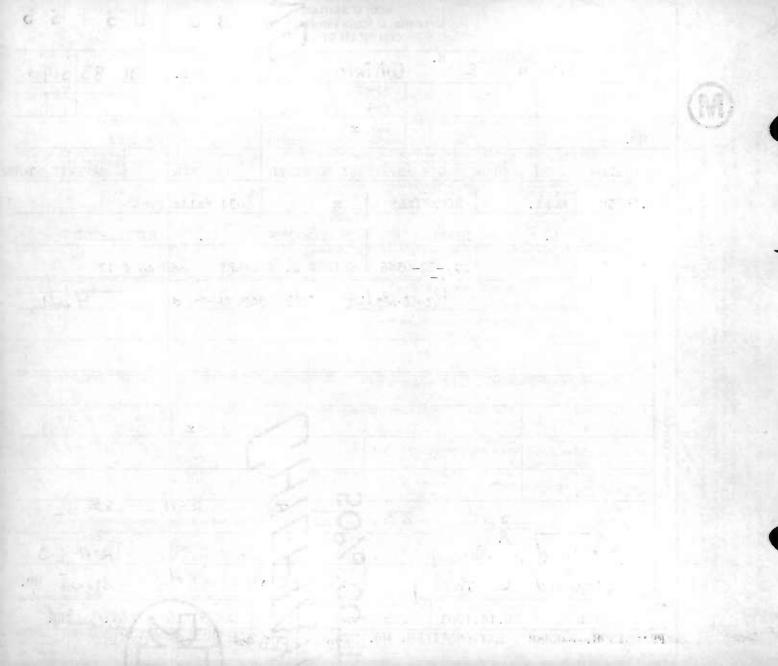
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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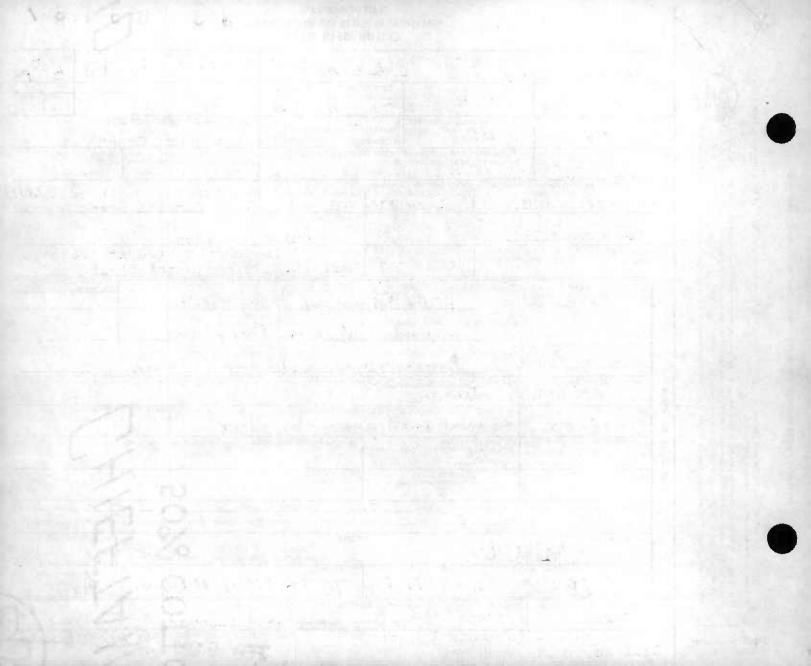
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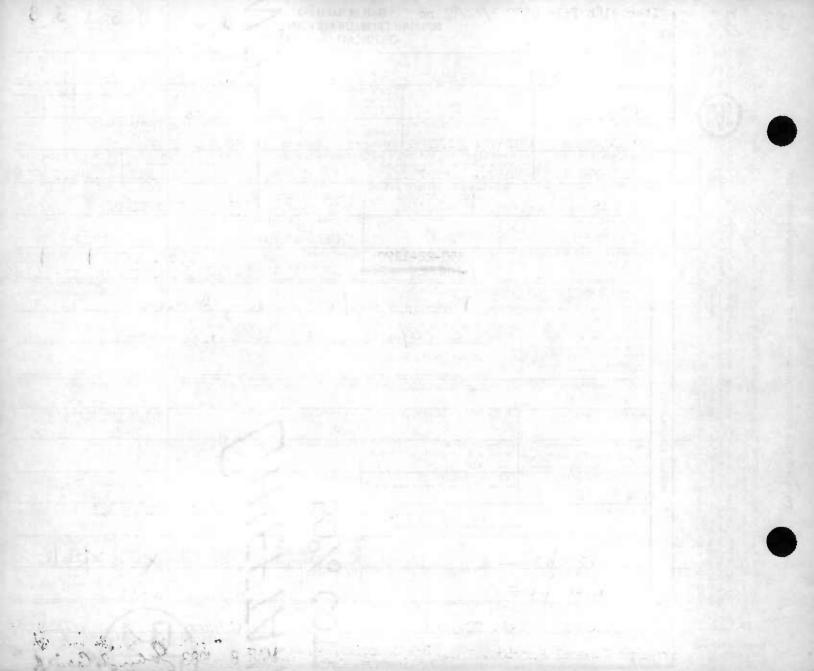
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v be eath		REGISTRAR CEASED NAME FIRST OR PRINT) REBEC	REBECCAMIDDLE	E.	AST WHIRLEY RECY	REG. NO 20. DATE OF DEATH	MONTH DAY	YEAR   26. HOUR   83 519 19 M
W) 96 4 moy	3. SE	FEMALE	4. RACE WHITE	S. DAPP	Z8 YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	ER LYEAR IF UNDER 24 HRS DAYS HOURS MIN.
nerol Moge	Zo. B	RTHPLACE (STATE OR FOREIGN COUNTRY) MD.	76. CITIZEN OF WHAT	COUNTRY? B. MARRIEI WIDOWE	D X NEVER MARRIED DIVORCED D	9. BALTIMORE CITY O	R COUNTY OF DE	
rs offer d		OCKVILLE	(IF NOT IN SUCH FACILIT	TY, GIVE STREET ADDRESS)	CIST HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CHECKER)	F WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY SAFEWAY STOR
24 hour 24 hour wild be houst be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUPLING MONTO	NTY 13c CI	OCKVILLE	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	13e STREET ADDRESS 634 Falls	and the second	0250
completely for a long 2 should be some of a long 2 should be should be some of a long 2 should be some of a long a	E	THER'S NAME FIRST L.		VEL LAST	15. MOTHER'S MAIDEN NA/ FLORENCE	C.	HINDER	SHOT
P P P P		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	VE WAR OR DATES	7-22-0586	HOLMES K. WI	ADDRE SAN	Æ AS # 1	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIME ING PHYSICIAN: The low requires that the death certificate be estraineding physician. Where this certificate has been signed by the ottending physician or os the buriol-tronsit permit. Then please remove carbon papers. Pay the and Mental Hygiene prior to buriol, cremation, or removal.  orked ar them 18 shows any injury, or other troumatic event, the meaning or the stroumatic event, the meaning or the stroumatic event, the meaning are stroughted to the stroughted to the stronger or t	z	PART I. DEATH WAS CAUSE  1579 IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A    b)   DUE TO, OR AS A    b)   COMMENT   COMMENT	CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	PART 10°
TAL RECORD: The low requicion. The hos been six permit. The rgiene prior to shows any injur	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION F	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO X		E FINDINGS USED CAUSES OF DEATH? NO
DING PHYSICIAN: TO OT OTHER THIS CERTIFICATE OF STATE OF THE CERTIFICATE OF THE OTHER OTHE	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. M R) P.M. 21e PLACE OF INJ	NONTH DAY YEAR 19	211. HOW INJURY OCCURE 211. LOCATION STREET	RED (ENTER NATURE OF INJUR		DUNTY STATE
OR ATTENDI e hospitol or DIRECTOR: A coched for use Dept. of Heal		22a. I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did not 27b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE C	2-10	19 <u>83</u> , or	22e ADDRESS	MEDICAL STAF	ote and hour and for	2-11-83
TO HOSPITAL retained by th TO FUNERAL should be dete with the State IMPORTANT: P	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	235. DATE FEB. 14, 198		EMETERY OR CREMATORY	ROCKVILL	MONT	
DHMH - 16 50M 4/82 (VRA 15, 4)	24 <b>F</b>	RANCISCH: BARBE		SVILLE, MD.	20879 PE	E Let DE NOBELLE LAS	16. REGISTRAS	SIGNATURE



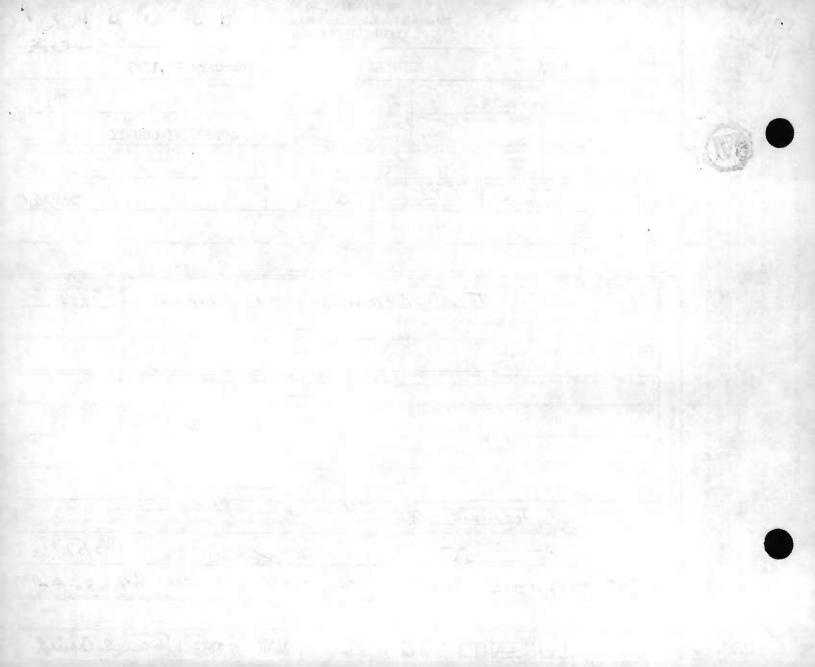
V6 M	TOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 5	5/
4 /	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
, p	1. DECEASED NAME FIRST VESTA MARIE WILLIAMS -WILLIAMS February 2.1, 18	8 3 26. HOUR 550 PM
pe 4 moy	3. SEX 4. RACE 5. DATE OF BIRTH 1952 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
death, Rago	To. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED DIVORCED DIVORCED MONTGOMETY COUNTRY OF DEAT WIDOWED DIVORCED MONTGOMETY COUNTRY	
the fund within	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ND OF BUSINESS OR
1201 in by e file	LISTIAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION CIVE RESIDENCE REFORE ADMISSIONS	None
AND 2 AND 2 Filled Filled Fould B	Maryland P.G. Hyattsville YES NO□ 1416 Kanawha Street	
RYL Withir Withir Mine	14. FATHER'S NAME FIRST MIDDLE LAST  15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
MAR.	James E. Williams Louise Nixon	
BALTIMORE, cate be execut on a copers. Pages 1 wal.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT 1416 Kanawha TSt. Hyatt: 466-84-5376 Larry E. Williams (husband) Man	sville,
ALTI sicior pers. ol.	(100000110)110	PROXIMATE INTERVAL WEEN ONSET AND DEATH
if hydra	18 CAUSE OF DEATH (Enter only one couse per line fox (a), (b), and (c) PART 1. DEATH WAS CAUSED BY:  6 5 9 IMMEDIATE CAUSE (a) Heute Pulmon any Jury Jury Cianly	
TON 10 or the confinence of th	DUE TO, OR AS A CONSEQUENCE OF	
PRESTON ST he death cert he attending emove carbot mation, ar ret r traumatic ex	Conditions, if ony, which (b) Warring Thumanaky Whather	
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been mit. I	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FI	NDINGS USED
he lo on. has there ene p	COUNTS CURRENCE  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19c. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. IF YES, WERE FI IN CERTIFYING CAI  YES  21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PAR	USES OF DEATH?
VITAL AN: The hysicia ficate h ronsit   Hygie   18 sho	OR CONTRIBUTION CONTRIBUTION TO CAUSE OF DEATH. HOUR A.M. MONTH DAY YEAR	(T 2)
SICIA ng ph ng ph certifi oriol-tr ental	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	700
NG PHYSICIAN: The law requirent of the physician.  After this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be acked or them 18 shows any injury arked or them 18 shows any injury	TO RECORD THROUGH SECTION COUNTY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  WHILE NOT WHILE AT WORK	TY STATE
NDIN SI OC USE O USE O IS mo	220.1 certify that (I) (this haspital) attended the deceased from 1 20 , 19 3 , to	, that (I) (we) last
A ATTE haspite RECTO ed for pt. af br. af br	saw the deceased alive an	
the of the Distriction of the Desire	A - ATTENDING & MEDICAL STAFF	eb.2,1983
TO HOSPITA retained by TO FUNERS should be do with the Sto	22d PHYSICIAN'S NAME (TYPE OR PRINT)  1/1/EK C V21 C N D 7676 Now Manyagasa	Ave
5 5 5 4 X	230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY Park TOWN CITY OR TOWN	
BP	Burial 2/7/83 Harmony Memorial Landover, P. G. Co.	.Maryland
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR LATNEY'S Funeral Home 250. Date REC'D. BY REGISTRAR 255. REGISTRAR 255. REGISTRAR 255.	MI Cancell
(VRA 15, 4)	3831 Ga. Ave. NW; Wash. DC	



\$ 3	FOR DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGIENE 8 3 0 5 1 5 8 CATE OF DEATH  REG. NO.
÷ 3	1. DECEASED NAME FIRST MIDDLE LA (TYPE OR PRINT)	28, DATE OF DEATH MONTH DAY YEAR 26, HOUR
pood dec	MILDRED DELORES WIN 3. SEX 4. RACE 5. DATE OF	STON FEBRUARY 25 1983 1:00pm
	FEMALE NEGRO NOV	1 1931 51 YRS.
deoth Poge	70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED ILLINOIS UNITED STATES WIDOWED	NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
d the d	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL OF STREET ADDRESS NAVAL HOSPITAL	
BALTIMORE, MARYLAND 2120' cote be executed within 24 hours in system ond completely filled in by opers. Pages 1 and 2 should be file val. It, the medical examiner med be to	USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	34. INSIDE CITY LIMITS? 13e. STREET ADDRESS 497 97 97 97 97 97 97 97 97 97 97 97 97 9
MARYLA mapletely ond 2 she examined	14. FATHER'S NAME FIRST CHARLES MIDDLE HALL	5. MOTHER'S MAIDEN NAME GLORIENE K JAMES
IMORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  352 18 4312	REGINALD WINSTON, HANOVER PK, ILL60103
W. PRESTON ST., of the death certific by the offending ph se remove carbon p cremotion, or remo sther froumatic ever	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  ### DIMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stofing the underlying couse last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	Respiratory Arest  Pespiratory Arest  Unadic Heart Disease  OT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th otherading physician. Ifter this certificate has been signed be as the buriol-transit permit. Then pleo th and Mental Hygiene prior to buriol, orked or them 18 shows any injury, or a	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	WAS PERFORMED  20a AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES ▼ NO  YES ▼ NO
N OF VITA SICIAN: T ng physici certificate ricol-tronsi entol Hygi item 18 sh	OR CONTRIBUTION CONTRIBUTION OF DEATH I HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
IVISION  UG PHYS  offending  ter this c  is the bur  h ond Me	(IF EITHER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED  WHILE NOT WHILE AL WORK AL NOW HE AL WORK	214. LOCATION STREET CITY OR TOWN COUNTY STATE
ATTENDIN ospitol or ECTOR: Af ed for use of of the olti	sow the deceased alive on 25 FEBRUARY 83 , and abave, (I) (we) (did) (did nat) view the body ofter death.	RUARY, 19_83, to 25_FERRIARY_83_, that (I) (we) last that in (my) (our) opinion death occurred an the date and hour and from the causes stated  GREE 1226 DATE SIGNED
TAL OR by the hy the hold detached tote Dep	Knowke	MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22085
O HOSPIT TO FUNER should be wholed by	K.M. H. LOE	220. ADDRESS NAVAL HOSPITAL, NAVMEDCOM BETHESDA, MARYLAND 20814
21 - 21 3	(SPECIFY)	METERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
9999 BP	Removal Feb. 28, 83	Chicago. Illinois
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR  MCGuire Funeral Service Inc 7400 Georg	La Ave. NW



STATE OF MARYLAND

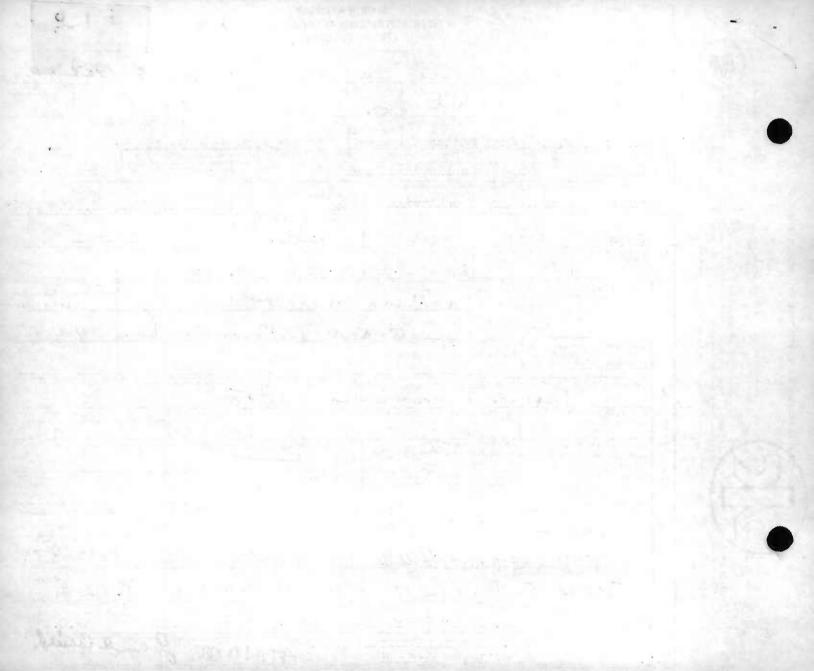


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X7 OF ESTI-DEATH MATED J. Wintjen 19 83 Henry 4 RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 83 Male White Jul. 11, 1922 60 YRS Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED United States DIVORCED Montgomery County New York I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Rockville 13401 Parkland Drive Military U.S. Gov't USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20853 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY 13c CITY OR TOWN Maryland Rockville 13401 Parkland Drive Montgomery NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Wintien Sophie Hagermann ADDRES 90-19 88th Avenue 17. INFORMANT (Sister) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 054 01 1811 Sylvia W. Blaisdell.Woodhaven, N.Y. Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH MAN CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) MENT OF HEALTH A None 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ICATE, WRITING THE WOR FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE L THE STATE DEPARTMENT None YES [] 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY III. LOCATION (AT HOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 ATTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 2/2/83 Deputy MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE FEDTUAT 1/234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Virginia 13, 1983 Metropolitan Crematory Alexandria, 24. FUNERAL DIRECTOR Homes, P.A., Bethesda, Maryland 250. DATE REC'D, BY REGISTRAR 26 REGISTRAR'S SIGNATURED SHOW DHMH - 17 (VR A15 ME (5)) 20M 4/82

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VII N	H	5707 C		210. ACCIDENT WAS UND		21b. TIME (		Y YEAR	21c. HOW IN	NJURY OCCURE	RED (ENTER NATURE OF INJURY II	ITEM 18, PAR	T 1 OR PART 2)	
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ATTE	DIRECTOR: sched for us Dept. of He	7		sow the decease	d olive on	view the body	offer death.			(our) opinion (	death occurred on the date	ond hour	and from the	couses stated
8				22h SIGNATURE		1	.111		DEGREE	ATTENDING	MEDICAL _ STAFF		22¢. DATE	SIGNED
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